

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001645

1. Entity Name

TECHNOLOGY CONSULTANTS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90056 040 ***158.75

| | |
|--|---|
| Principal Place of Business 315 HOLLYWOOD BLVD. SUITE 2 MARY ESTHER FL 32569 | Mailing Address 315 HOLLYWOOD BLVD. SUITE 2 MARY ESTHER FL 32569-1915 |
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| 2. Principal Place of Business 326 Green Acres Road Suite, Apt. #, etc. Suite A | 3. Mailing Address 326 Green Acres Road Suite, Apt. #, etc. Suite A |
|--|--|

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|------------------------------------|------------------------------------|
| City & State Ft Walton Bch., FL | City & State Ft Walton Bch., FL |
| Zip 32547 | Country Okaloosa |



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|--|
| 4. FEI Number 75-2720102 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

ROY, MALCOLM
315 HOLLYWOOD BLVD, SUITE 2
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
326 Green Acres Road Suite A

City - State - Zip
Ft Walton Bch., FL FL 32547

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PCT ROY, MALCOLM 315 HOLLYWOOD BLVD., SUITE 2 MARY ESTHER FL 32569 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD KELLY, LEE 2199 PALOMA NAVARRE FL 32568 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILKINS, RICHARD 239 LAFITTE CRESCENT FT. WALTON BEACH FL 32548 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP Moya Sigler 326 Green Acres Road Ft Walton Bch., FL 32547 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S Elsie J. Tyner 326 Green Acres Road Ft Walton Bch., FL 32547 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Robert Reno 326 Green Acres Road Ft Walton Bch., FL 32547 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)