

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G76035

1. Entity Name

TECHNOLOGY ASSOCIATES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90043 009 ***158.75

Principal Place of Business

Mailing Address

541 S. STATE ROAD 7
SUITE 6
MARGATE FL 33068
US

541 S. STATE ROAD. 7
SUITE 6
MARGATE FL 33068-1711
US

2. Principal Place of Business

541 SOUTH STATE ROAD #7

3. Mailing Address

541 SOUTH STATE ROAD #7

Suite, Apt. #, etc.

SUITE 4

Suite, Apt. #, etc.

SUITE 4

City & State

MARGATE, FLORIDA

City & State

MARGATE FLORIDA

Zip

33068-1711

Country

US

Zip

33068-1711

Country

US

4. FEI Number

59-2384359

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, TIMOTHY P.
541 S. STATE ROAD 7
SUITE 6
MARGATE FL 33068

Name

ASHFORD, FRANK L.

Street Address (P.O. Box Number is Not Acceptable)

541 SOUTH STATE ROAD #7

SUITE 4

City

MARGATE

FL

Zip Code

33068-1711

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

Frank L. Ashford FRANK LASHFORD

1-5-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME ASHFORD, FRANK
STREET ADDRESS 700 MALAGA DR.
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Frank L. Ashford FRANK LASHFORD

1-5-00

954-973-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7000004 / 0000