

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90183 024 \*\*\*158.75

**DOCUMENT # G76035**



1. Entity Name  
**TECHNOLOGY ASSOCIATES, INC.**

Principal Place of Business  
**541 SOUTH STATE ROAD #7  
SUITE 4  
MARGATE FL 33068-1711  
US**

Mailing Address  
**541 SOUTH STATE ROAD #7  
SUITE 4  
MARGATE FL 33068-1711  
US**

2. Principal Place of Business  
**3691 N.E. 12<sup>th</sup> Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3691 N.E. 12<sup>th</sup> Ave**  
Suite, Apt. #, etc.

City & State  
**POMPAN<sup>O</sup> BEACH**

City & State  
**POMPAN<sup>O</sup> BEACH**

Zip  
**33064-5105**

Country  
**BROWARD**

Zip  
**33064-5105**

Country  
**BROWARD**

☐ CHECK HERE IF MAKING CHANGES

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

**ASHFORD, FRANK L  
541 SOUTH STATE ROAD #7  
SUITE 4  
MARGATE FL 33068**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDVT ASHFORD, FRANK 700 MALAGA DR. BOCA RATON FL</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-03** **984-580-4700**  
Date Daytime Phone #

CR2E034 (10/02)