

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G82618

FILED  
Mar 21, 2002 8:00 AM  
Secretary of State

Entity Name: T. G. TECHNOLOGIES, INC.

## Current Principal Place of Business:

424 EAST CENTRAL BLVD  
ROOM 349  
ORLANDO, FL 32801 US

## New Principal Place of Business:

## Current Mailing Address:

424 EAST CENTRAL BLVD  
ROOM 349  
ORLANDO, FL 32801 US

## New Mailing Address:

FEI Number: 59-2380240      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BURKE, EDWARD J.  
5057 MAUI CIRCLE  
ORLANDO, FL 32808 US

## Name and Address of New Registered Agent:

BURKE, EDWARD J.  
424 EAST CENTRAL BLVD  
ROOM 349  
ORLANDO, FL 32801 US

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:

03/21/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: BURKE, EDWARD J.,  
Address: 5057 MAUI CIRCLE  
City-St-Zip: ORLANDO, FL

Title: SD ( ) Delete  
Name: BURKE, SHIRLEY R.,  
Address: 5057 MAUI CIRCLE  
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete  
Name: BURKE, THOMAS  
Address: 1036 NODDING PINES WAY  
City-St-Zip: CASSELBERRY, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: BURKE, EDWARD J.,  
Address: 424 EAST CENTRAL BLVD. - 349  
City-St-Zip: ORLANDO, FL 32801

Title: SD (X) Change ( ) Addition  
Name: BURKE, SHIRLEY R.,  
Address: 424 EAST CENTRAL BLVD - 349  
City-St-Zip: ORLANDO, FL 32801

Title: VD (X) Change ( ) Addition  
Name: BURKE, THOMAS  
Address: 1036 NODDING PINES WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: VD ( ) Change (X) Addition  
Name: BURKE, TERRY L  
Address: 13554 LAKE MARY JANE RD.  
City-St-Zip: ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. BURKE

VD

03/21/2002

Electronic Signature of Signing Officer or Director

Date