2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # J34610** 1. Entity Name TECHNIREP SALES GROUP, INC. 01-30-2001 90184 016 ***150.00 Principal Place of Business Mailing Address 523 S. PALM AVENUE 523 S. PALM AVENUE #6 SARASOTA FL 34236-6732 SARASOTA FL 34236-6732 Mailing Address 2. Principal Place of Business 1355 N. GUNFSTREAM AVE 255 IV. GULFSTREAM AVE. Suite, Apt. #, etc. **203** Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 203 Applied For 4. FEI Number 59-2713184 NASOTA LOKIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUTTAGGI, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) **523 S PALM AVENUE** SARASOTA FL 34236-6732 1255 N. GUKESTKEAM AVE. ⁷74236-8903 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE ☐ Delete TITLE Change ☐ Addition BUTTAGGI, WILLIAM J. NAME NAME 1255 N. GULFSTREAM AUE. #203 523 S. PALM AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236-6732 CITY-ST-7IP SANASOTA, FL 34236-8903 TITLE ☐ Delete TITLE BUTTAGGI, DEBRA M. NAME NAME STREET ADDRESS 523 S. PALM AVENUE 1255 N. GULFSTREAM AUE. #203 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236-6732 CITY-ST-ZIP 5AKA50TA, FL 34236-8903 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.