

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90109 010 ***150.00

DOCUMENT # J34610

1. Entity Name
TECHNIREP SALES GROUP, INC.

Principal Place of Business
 1255 N. GULFSTREAM AVE
 203
 SARASOTA FL 34236-8903
 US

Mailing Address
 1255 N. GULFSTREAM AVE
 203
 SARASOTA FL 34236-8903
 US



2. Principal Place of Business
 1798 LINCOLN PARK CIRCLE
3. Mailing Address
 1798 LINCOLN PARK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 SARASOTA FL
Zip
 34236-8446
Country
 USA

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 USA

4. FEI Number 59-2713184
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUTTAGGI, WILLIAM J.
 1255 N. GULFSTREAM AVE. #203
 SARASOTA FL 34236-8903

7. Name and Address of New Registered Agent

Name BUTTAGGI, WILLIAM J.
Street Address (P.O. Box Number is Not Acceptable)
 1798 LINCOLN PARK CIRCLE
City SARASOTA **FL** **Zip Code** 34236-8446

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BUTTAGGI, WILLIAM J. 1255 N. GULFSTREAM AVE. #203 SARASOTA FL 34236-8903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BUTTAGGI, DEBRA M. 1255 N. GULFSTREAM AVE. #203 SARASOTA FL 34236-8903 <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
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	PTD BUTTAGGI, WILLIAM J. 1798 LINCOLN PARK CIRCLE SARASOTA, FL 34236-8446 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BUTTAGGI, DEBRA M. 1798 LINCOLN PARK CIRCLE SARASOTA FL 34236-8446 <input checked="" 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

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: *William J. Buttaggi*
 WILLIAM J. BUTTAGGI, DIRECTOR

4/17/02 944-957-6475
 Date Daytime Phone #

CR2E034 (9/01)