## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # J70338** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name TECHNIFAX, INC. 04-27-2000 90063 047 \*\*\*158.75 Mailing Address Principal Place of Business 300 31ST ST N #229 300 31ST ST N #229 ST. PETERSBURG FL 33713-7623 ST. PETERSBURG FL 33713 2. Principal Place of Business 300 3/ 57 3. Mailing Address 300 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2907248 PL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required mellas 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZELLER, RICHARD A. 100 2ND AVENUE, SOUTH SUITE 400 NORTH ST. PETERSBURG FL 33701 rement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Dresiden F ☐ Addition TITLE -Delete TITLE Change STEPHEN E. TilliA BRYNGELSON, C.M. NAME NAME 300 3/3/55 N. Suite 339 STREET ADDRESS STREET ADDRESS 300 31ST ST N SUITE 229 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME Vice President marke NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

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