

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90115 031 ***150.00

DOCUMENT # K64698

1. Entity Name

TECHNOLOGY AUTOMATION CONSULTANTS, INC.

Principal Place of Business

**931 BILLAGE BLVD. #905-378
 WEST PALM BEACH FL 33409**

Mailing Address

**931 BILLAGE BLVD. #905-378
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

603 Village Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 102

City & State

West Palm Beach, FL

Zip

33409-1939

Country

U.S.A.

Country

4. FEI Number

65-0087802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RINKOY, KEN

**931 VILLAGE BLVD., #905-378
 WEST PALM BEACH FL 33409**

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.

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 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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

C

RINKOR, KEN

931 BILLAGE BLVD, #905-378

WEST PALM BEACH FL 33409

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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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-01 814-656-4775

CR2E034 (9/01)