

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

02-05-2002 90057 026 \*\*\*\*50.00

DOCUMENT # L01000003768  
1. Entity Name  
TECHNICAL HOLDINGS, LLC

Principal Place of Business C/O ROBERT M. CLARKE, CPA 205 WEST BUSCH BLVD., SUITE 200 TAMPA FL 33612	Mailing Address C/O ROBERT M. CLARKE, CPA 205 WEST BUSCH BLVD., SUITE 200 TAMPA FL 33612
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number  
59-3716001

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For  
Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
CLEMENTS, ROBERT G  
37 NORTH ORANGE AVENUE, SUITE 500  
ORLANDO FL 32801

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 \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member Robert Clarke 205 West Busch Blvd, Suite 200 Tampa, FL 33612</i>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert Clarke* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/02  
Date

Daytime Phone #

CR2E083 (9/01)