


FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90199 048 ***150.00

| | | | |
|---|---|---|---------------------------|
| DOCUMENT # L11857 | |  | |
| 1. Entity Name TECH. CARE, INC. | | | |
| Principal Place of Business C/O DONALD R. STOKES 3717 CARRINGTON PLACE TALLAHASSEE FL 32303 | | Mailing Address C/O DONALD R. STOKES 3717 CARRINGTON PLACE TALLAHASSEE FL 32303 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
| 6. Name and Address of Current Registered Agent | | | |
| STOKES, DONALD R. 3717 CARRINGTON PLACE TALLAHASSEE FL 32303 | | | Name |
| | | | Street Address (F) |
| | | | |
| | | | City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STOKES, DONALD R. 3717 CARRINGTON PLACE TALLAHASSEE FL <div style="text-align: right;"><input type="checkbox"/> Delete</div> | 11. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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☐ - CHECK HERE IF MAKING CHANGES

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|---|--|---|
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____