

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
 02-15-2000 90003 018 ***150.00

DOCUMENT # L24269

1. Entity Name
TECHNOLOGY LICENSING CORPORATION

Principal Place of Business 1201 HAYS STREET STE 105 TALLAHASSEE FL 32301	Mailing Address 1201 HAYS STREET STE 105 TALLAHASSEE FL 32301-2615
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1283418

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
TALLAHASSEE FL 32301

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Delete	TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURCELL, MARTIN A		NAME	Bernard G. Koether	
STREET ADDRESS	250 ROYAL PAL WAY STE 300		STREET ADDRESS	4-A Turtle Creek Drive	
ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	Tequesta, FL 33469	
STREET ADDRESS		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		

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: *Bernard G. Koether*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 9, 2000 (203) 377-4414
 Date Daytime Phone # ext 251

CR2E034 (9/99)