

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005133

1. Entity Name  
TECHIE AGENCY, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:37

Principal Place of Business  
13718 WALBROOKE DR.  
TAMPA FL 33624

Mailing Address  
13718 WALBROOKE DR.  
TAMPA FL 33624-6905



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3593647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, GREGORY D  
13718 WALBROOKE DR.  
TAMPA FL 33624

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

NO CHANGE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM MORRIS, GREGORY D  
STREET ADDRESS 13718 WALBROOKE DR.  
CITY- ST- ZIP TAMPA FL 33624 ☐ Delete

TITLE NAME MGRM GRADY, CHRIS  
STREET ADDRESS 509 35TH AVE. NORTH  
CITY- ST- ZIP ST. PETERSBURG FL 33704 ☒ Delete

TITLE NAME MGRM PATCHEN, JASON  
STREET ADDRESS 616 FLORIDA BLVD.  
CITY- ST- ZIP CRYSTAL BEACH FL 34681 ☒ Delete

TITLE NAME MEMBER KRISSY MORRIS  
STREET ADDRESS 13718 WALBROOKE DR  
CITY- ST- ZIP TAMPA, FLA 33624 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003099718--5  
CITY- ST- ZIP -01/14/00--01103--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

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:

MORRIS, GREGORY D. MORRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/08/00

Date

813.961.9845

Daytime Phone #

CR2E083 (9/99)