

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

04-28-2003 91490 024 ****61.25

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1. Entity Name
CENTRAL FLORIDA TECHNOLOGY PROFESSIONALS, INC.



Principal Place of Business
**1800 BUSINESS PARK BLVD
DAYTONA BCH FL 32114**

Mailing Address
**PO BOX 9235
DAYTONA BCH FL 32120**

55052936



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

82-0571936

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKINNEY, CAROLL
1836 S CENTRAL AVE
FLAGLER BCH FL 32136**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PAY NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MCKINNEY, CAROLL
1836 S CENTRAL AVE
FLAGLER BCH FL 32136** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V ASIF, MOHMOOD
42 CLUBHOUSE DR #106
PALM COAST FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V HUSSAIN, AMEEN
275 GALLA CIR
DAYTONA BCH FL 32134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S DAVENPORT, SHARON
1703 MAGNOLIA AVE #C14
S DAYTONA FL 32119** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T RIGO, TRACY
483 HAVERSHAM RD
DELTONA FL 32725** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MCKINNEY, CAROLL
1836 S Central Ave
Flagler Beach FL 32136** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASIF, MAHMOOD
P.O. BOX 10041
DAYTONA BEACH, FL 32120** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUSSAIN, AMEEN
275 GALLA CIR
DAYTONA BCH, FL 32134** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RIGO, TRACY
483 HAVERSHAM RD
Deltona FL 32725** ☒ Change ☐ Addition

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

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 617, 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:

GARRETT REGAR HUSSEIN MCKINNEY

4/24/03

386-274-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)