## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 02, 2001 8:00 am DOCUMENT # N9800001471 Secretary of State 1. Entity Name 05-10-2001 90196 044 \*\*\*\*61.25 PEOPLE AND TECHNOLOGY, INC. Principal Place of Business Mailing Address 9213 N 13TH ST 9213 N 13TH ST STE A STE A TAMPA FL 33612 TAMPA FL 33612 2. Principal Place of Business 17853 LAI 3. Mailing Address arl Tun I Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3509625 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent hmul, ddress (P.O. Box Number is Not. RESCHMAN, IRA 9213 N 13TH ST STE A **TAMPA FL 33612** 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the state of Florida FILE NOW: 9. Election Campaign Fin Incing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 1000 Change PM/D ☐ Addition TITLE ☐ Delete TITLE NAME RESCHMAN, KRISTIN NAME ESCHMAN, KrISTIN 53 LAKE CAPLIEN DV., STA. A STREET ADDRESS STREET ADDRESS 9213 N 13TH STE A CITY-ST-ZIP CITY-ST-ZIP しじて云 FL 33549 **TAMPA FL 33612** (Lange ☐ Delete TITLE ☐ Addition TITLE RESCHMAN, IRA 17853 LAKE CArlton Dr., STA.A NAME NAME RESCHMAN, IRA STREET ADDRESS 9213 N 13TH ST STE A STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** TITLE ☐ Addition ☐ Delete FITLE NALEZYNSKI, THEO 17853 LAKE CAPITON Dr. NALZYOSKI, THEO WANT STREET ADDRESS STREET ADDRESS 9213 N 13TH ST STE A CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 TITLE Delete ITILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP :ITY-ST-ZIP Delete me ☐ Change ☐ Addition NAME JAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ITLE ☐ Change ☐ Addition NAME AME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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.

5/10

4/30/01

FILED