

DOCUMENT # P00000021073

1. Entity Name

TECHNOCASH, INC.



Principal Place of Business

2003 S. PEBBLE BEACH  
SUN CITY CENTER FL 33573

Mailing Address

2003 S. PEBBLE BEACH  
SUN CITY CENTER FL 33573

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-3715569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, NORMAN  
2003 S. PEBBLE BEACH  
SUN CITY CENTER FL 33573

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

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
CCEO  
MONSTED, PAUL  
20 SMITH ST.  
PARRAMATTA, AUSTRALIA nsw-2150 ☐ Delete

TITLE  
NAME  
D  
MEYERS, NORMAN  
2003 S PEBBLE BEACH BLVD  
SUN CITY CENTER FL 33573 ☐ Delete

TITLE  
NAME  
VD  
PAKALNS, RAYMOND ERIC  
20 SMITH STREET, PARRAMATTA  
AUSTRALIA NSW 2150 ☐ Delete

TITLE  
NAME  
☐ Delete

TITLE  
NAME  
☐ Delete

TITLE  
NAME  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
U00000651019  
03/08/07-80037-011 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

*NORMAN MEYERS, DIRECTOR, 2-26-07 813-633-9500*

Date

Daytime Phone