

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037421

1. Entity Name

TECHNO-CONCEPTS CORPORATION

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90031 013 ***150.00

Principal Place of Business 1639 WILD FOX DRIVE CASSELBERRY FL 32707-5219	Mailing Address 1639 WILD FOX DRIVE CASSELBERRY FL 32707-5219
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 150411 Suite, Apt. #, etc.
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City & State Altamonte Springs, FL	City & State Altamonte Springs, FL	4. FEI Number 59-3639476	Applied For Not Applicable
Zip 32715-0411	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ELLIS, LAURA 1639 WILD FOX DRIVE CASSELBERRY FL 32707-5219	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ELLIS, LAURA W 1639 WILD FOX DRIVE CASSELBERRY FL 32707-5219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)