

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90132 025 \*\*\*150.00

**DOCUMENT #** P00000039667

1. Entity Name

3RD COAST TECHNOLOGY GROUP, INC.



**DO NOT WRITE IN THIS SPACE**

90070676

2. Principal Place of Business

1006 STONEHEDGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

1006 STONEHEDGE ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. CHARLES, ILLINOIS

City & State

ST. CHARLES, ILLINOIS

4. FEI Number

593655559

Applied For

Not Applicable

Zip

60174

Country

USA

Zip

60174

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN S. McAVOY

Street Address (P.O. Box Number is Not Acceptable)

484 HARBOR DRIVE NORTH

City

INDIAN ROCKS BEACH FL

Zip Code

33785

**DO NOT WRITE  
IN THIS SPACE**

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

*John S. McAvoy*

JOHN S. McAVOY

1/21/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DIRECTOR & PRESIDENT
NAME	JOHN S. SANDERG
STREET ADDRESS	1006 STONEHEDGE ROAD
CITY-ST-ZIP	ST. CHARLES, IL 60174
TITLE	DIRECTOR & SECRETARY
NAME	MARK STRANGIO
STREET ADDRESS	38 BOWDOIN STREET
CITY-ST-ZIP	NEWTON, MA 02461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

*John S. Sandberg*

JOHN S. SANDBERG

3/31/03 630-377-8945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)