

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000064439

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** TECHNICIANS INFORMATION PRODUCTS, INC.

**Current Principal Place of Business:**

4480 NW 16 AVE  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

4480 NW 16 AVE  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-1077760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHELI, CHRISTINA ESQ  
6682 NW 16TH TERRACE  
FORT LAUDERDALE, FL 33309

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDTS ( ) Delete  
Name: PLACHTER, WILLIAM T III  
Address: 4480 NW 16 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VD ( ) Delete  
Name: PLACHTER, W. THOMAS JR  
Address: 2000 SOUTH OCEAN BLVD #301  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WILLIAM T PLACHTER, III

PRES

04/29/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date