| TECHNOLOGIES FUTURES, INC. Name and Address of Durrent Registered Agent P. N. Box 280 P | DOCUMENT # P00000068545 1. Entity Name TECHNOLOGIES FUTURES, INC. | | | | | | | | | | |
|---|---|---|--------------------------------|---------------|-------------------------|----------------|----------------------------------|--------------|--------------|---------------|--|
| TECHNOLOGIES FUTURES, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Mating Address 2840 West Bay Drive Belleair Bluffs, FL 33770 3. Misling Address Sulfa, Agit, etc. Sulfa, et | | | | | | | | | | | |
| Mainry Address 280 2840 West Bay Drive P.O., Box 280 Belleair Bluffs, FL 33770 2. Principal Place of Business Sure, Ant. e. ec. Sure, Ant | | | | | | | | | | | |
| 2840 West Bay Drive Belleair Bluffs, FL 33770 30 Maling Address Sole, Act. v. etc. City & State Ci | | | | | | _ | SECRETAR TALLAHASS | EE, FLOR | IDA . | •• | |
| 3. Maling Address Sute, Apt. 4, etc. Sute, A | • | | | 11 /222 | | | | | | | |
| 2. Principal Place of Business | Belleair | FL | | | | | | | | | |
| Sults: Apt # ofc City & State City & City & State City & State City & City & State City & State City & | 33770 | | 33770 | | | | | | | | |
| City & State Country Zp | 2. Principal Pla | - | | | - | | Jul 1 | | | | |
| Second S | Suite, Apt. # | ŧ, etc. | Suite, Apt. #, etc. | | | 2 | O O NOT RIT | 5 | - | 1 | |
| O'Connor, Patrick M. 2240 Belleair Road, Suite 160 Clearwater, Plorida 33764 City FL Zo Code 6. The above named entity submits this systement for the purpose of changing its registered difference of registered agent, or both, in the State of Florida. Signature System and defense of New Registered Agent City FL Zo Code 6. The above named entity submits this systement for the purpose of changing its registered difference or registered agent, or both, in the State of Florida. Signature System and the system | City & State | | City & State | | | | | | | | |
| Number Change C | Zip | Country | Zip | Coun | itry | 5. C | ertificate of Status Desired | | | | |
| Signature Signature O'Connor, Patrick M. 2240 Belleair Road, Suite 160 Clearwater, Florida 33764 City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City City City City City FL Zip Code City Ci | | 6. Name and Address of Current | Registered Agent | | | 7. Na | ame and Address of New Re | gistered Age | ent | | |
| Clearwater, Florida 33764 City FL Zio Code 8. The above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **The Above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **The Above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **The Above named entity submits this systement of state of Florida **The Above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **The Above named entity submits integrated agent or both, in the State of Florida **The Above named entity submits integrated agent or both, in the State of Florida **The Above named entity submits integrated agent or both, in the State of Florida **The Above named entity submits integrated agent or both, in the State of Florida **The Above named entity submits integrated agent or both, in the State of Florida **The Above named entity submits integrated agent or both, in the State of Florida **The Above named entity submits integrated agent or both, in the State of Florida **The Above named entity submits integrated agent of Florida entity integrated agent or both, in the State of Florida **The Above named entity submits integrated agent of Florida entity integrated agent or both, in the State of Florida **The Above named entity submits integrated agent of Florida entity integrated agent or both, in the State of Florida **The Above named entity submits integrated agent integrated agent or both, in the State of Florida **The Above named entity submits integrated agent integrated agent or both, in the State of Florida **The Above named entity submits integrated agent integrated agent or both, in the State of Florida **The Above named entity submits integrated agent integrated agent or b | O'Conno | or, Patrick M. | | | Name . | | | | | | |
| 8. The above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | 2240 Be | elleair Road, Suite | 160 | | Street Addres | s (P.O. Bo | x Number is Not Acceptable) | | | | |
| 8. The above named entity submits this systemant for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida | Clearwa | ater, Florida 33/64 | | | | | | | | | |
| SIGNATURE Signature, speed or percent around and septement again, and size it acadecidate. Anti-Comparison is eligible to satisfy its intengible Tax filting requirement and elects to do so. Anti-Charles Anti | | | | | City | | | FL | Zip Code | | |
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIFECTORS 12. ADDITIONS/GHANGES TO OFFICERS AND DIFECTORS IN 11 ITIE D'O'Connor, John SMEE ADDRESS GIV-51-2P Rel leair Riluffs, FT. 33770 Delete Anderson, Verme 3139 West 111th Place Westminster, CD 80031 ITIE D D Delete ITIE D D Delete ITIE D Delete D De | 8. The above | named entity submits this systement for | or the purpose of changing its | s register | ed office or regis | tered age | nt, or both, in the State of Flo | ida. | | | |
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIFECTORS 12. ADDITIONS/GHANGES TO OFFICERS AND DIFECTORS IN 11 ITIE D'O'Connor, John SMEE ADDRESS GIV-51-2P Rel leair Riluffs, FT. 33770 Delete Anderson, Verme 3139 West 111th Place Westminster, CD 80031 ITIE D D Delete ITIE D D Delete ITIE D Delete D De | | ///_ | | | | | 111 | 24/01 | | | |
| Tax tling requirement and elects to do so. (See criteria on back) After MAY,1,2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Added to Fees A | SIGNATURE _ | Signature, typed or printed name of registered agen | t and title if applicable. (NO | TE: Registere | ed Agent signature requ | ired when rein | nstating) | DATE | | | |
| Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees | 9. This corpo | ration is eligible to satisfy its Intangibl | e FILE NOW | III FEE | IS:\$150.00 | | 10. Election Campaign Fin | encing | \$5.00 |) May Be | |
| THE DO'Connor, John Delete THE | - | | | | | | | | | | |
| NAME SIREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP O'Connor, John SIREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE D D Delete TITLE Delete TITLE D D Delete TITLE D D Delete TITLE D D Delete D D Delete D D D D D D D D D D D D D D D D D D | 11. | | · アイトアの大学では、 | 655 KIN | 一の声を行って、大きの姿を変し | | DITIONS/CHANGES TO OFFI | CERS AND D | IRECTORS | | |
| SIREET ADDRESS CITY-ST-ZIP 2840 West Bay Drive Relleair Rlluffs, FT. 33770 DD | TITLE | - | ☐ Delete | 8 | | | ~~~~~~ | | | Addition | |
| CITY-ST-ZIP Relleair Rluffs, FT. 33770 Delete D OTH ST-ZIP RAME STREET ADDRESS CITY-ST-ZIP TITLE D OTHORSON, Verne STREET ADDRESS CITY-ST-ZIP TITLE D OTHORSON, Tommy STREET ADDRESS CITY-ST-ZIP TITLE D OTHORSON, Tommy STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | • | 9 | H | | | -12/18/ | /0101 | 0250 | 112 | |
| Delete TITLE Dele | CITY-ST-ZIP | | | CIT | r-ST-ZIP | | | 50.00 | ****15 | <u>0.00</u> | |
| Anderson, Verne 3139 West 111th Place Westminster, CO 80031 TITLE D D Delete Thompson, Tommy 2631 Meredith Court Rock Hill, SC 29732 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDR | TITLE | D | ☐ Delete | | | | | l | _] Change | ☐ Addition | |
| TITLE D Delete ITTLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | | | | | | | | | | | |
| Thompson, Tommy 2631 Meredith Court Rock Hill, SC 29732 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelete TITLE ORAGE STREET ADDRESS CITY-ST-ZIP TITLE ORAGE STREET ADDRESS CITY-ST-ZIP ORAGE STREET ADDRESS CITY-ST-ZIP TITLE ORAGE STREET ADDRESS CITY-ST-ZIP ORAGE STREET ADDRESS CITY-ST-ZIP TITLE ORAGE STREET ADDRESS CITY-ST-ZIP ORAGE STREET ADD | CITY-ST-ZIP | | 0031 | | | | | | 7 (50000 | Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Contact and 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 of 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 in changed, or on an attachment with a Paddress, with all other-like empowered. | | | U Delete | | | | . جست | ۱ - | | L. Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | STREET ADDRESS | | t | | t t | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Addition | | Rock Hill, SC 297 | 32 | | | | | | Change | Addition | |
| CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | CT Deserte | | | | | , | | | |
| ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 in changed, or on an attachment with an Address, with all other like empowered. | | | | H | 1 | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM | | | ☐ ∩elete | | | | | | Change | Addition | |
| CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered. | NAME | | | NAI | ME | | | | | | |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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 to represent on 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 in changed, or on an attachment with an address, with all other like empowered. | | | | | i i | | | | | | |
| STREET ADDRESS CITY-ST-ZIP 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 12 in changed, or on an attachment with an address, with all other like empowered. | | | ☐ Delete | TIT | LE | | | | Change | Addition | |
| CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered. | | | | | - 1 | | | | | | |
| indicated on this report or supplemental report is true and accurate and that my signature shall have the same legaretied as if made under oath, that it are an accurate and that my signature shall have one 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 in changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | |
| of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my harne appears in Block 11 of Block 12 changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | |
| | i of the cor | rooration or the receiver or trustee em | powered to execute this repo | rt as requ | uired by Chapter | 607, Flori | da Statutes; and that my nam | e appears in | Block 11 o | r Block 12 if | |
| SIGNATURE: ATTACO (LITTUAGE JOHNO CONTROL 11-28-01 1211511 142 | | (hly) | ~~~ | | . In. Allena | MAY | 11-28-01 | 7221 | 511-1 | 7102 | |

2001 UNIFORM BUSINESS REPORT (UBR)

1





TECHNOLOGIES FUTURES, INC. 2840 West Bay Drive, P.O. Box 280 Belleair Bluffs, Florida 33770

November 28, 2001

Secretary of State Attn: Reinstatement Department 409 East Gaines Street Tallahassee, Florida 32399

RE:

Technologies Futures, Inc. Document # P00000068545

Dear Sir/Madam:

Enclosed please find our 2001 Uniform Business Report and check number 8486 in the amount of \$150.00 which represents the filing fee.

We are asking that you kindly waive the additional \$600.00 fee that is due since we never received the 2001 Uniform Business Report.

Please file at your earliest convenience and if you have any questions please contact the undersigned at (727) 517-7762.

Sincerely,

TECHNOLOGIES FUTURES, INC.

John O'Connor

JO/psb Enclosures