

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

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90008 010 ***150.00

DOCUMENT # P00000068545

1. Entity Name

TECHNOLOGIES FUTURES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2840 West Bay Drive

3. Mailing Address

P. O. Box 280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Belleair Bluffs, FL

City & State

Belleair Bluffs, FL

4. FEI Number

59-3659150

Applied For

Not Applicable

Zip

33770

Country

Pinellas

Zip

33770

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

O'Connor, Patrick M.

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

2240 Belleair Road, Suite 160

City

Clearwater

FL

33764

**DO NOT WRITE
IN THIS SPACE**

3. 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

1/23/02

(Signature of Current Registered Agent required when changing)

(NOTE: Registered Agent signature required when changing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	D	TITLE	
NAME	John O'Connor	NAME	
STREET ADDRESS	2840 West Bay Drive	STREET ADDRESS	
CITY-STATE-ZIP	Belleair Bluffs, FL 33770	CITY-STATE-ZIP	
TITLE	D	TITLE	
NAME	Verne Anderson	NAME	
STREET ADDRESS	3139 West 111th Place	STREET ADDRESS	
CITY-STATE-ZIP	Westminster, CO 80031	CITY-STATE-ZIP	
TITLE	D	TITLE	
NAME	Tommy Thompson	NAME	
STREET ADDRESS	2631 Meredith Court	STREET ADDRESS	
CITY-STATE-ZIP	Rock Hill, SC 29732	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John O'Connor

1-23-02 727-517-7762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #