

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90121 010 ***150.00

0037505
 AV

DOCUMENT # P00000071074

1. Entity Name
GENERAL TECHNOLOGY GROUP, INC.

Principal Place of Business
**9248 JAYBIRD CIRCLE EAST
 JACKSONVILLE FL 32257**

Mailing Address
**9248 JAYBIRD CIRCLE EAST
 JACKSONVILLE FL 32257**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10652 MULRANY GLEN COURT

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number **59-3660581**

Applied For
 Not Applicable

Zip
32256

Country
DUVAL

Zip
32256

Country
DUVAL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANGWAN, NEERA
 9248 JAYBIRD CIRCLE EAST
 JACKSONVILLE FL 32257**

Name **NEERA SANGWAN**
 Street Address (P.O. Box Number is Not Acceptable)
10652 MULRANY GLEN COURT
 City **Jacksonville** **FL** Zip Code **32256**

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 *Neera Sangwan*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/02
 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, 2002 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 **PSTD SANGWAN, NEERA** ☐ Delete
 STREET ADDRESS **9248 JAYBIRD CIRCLE EAST**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE
 NAME **PSTD SANGWAN, NEERA** ☒ Change ☐ Addition
 STREET ADDRESS **10652 MULRANY GLEN COURT**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (9/01)

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: *Neera Sangwan*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (904) 363-3992
 Date Daytime Phone #