

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000104819**

1. Entity Name

TECHNICAL INDUSTRIES INCORPORATED**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90100 021 ***150.00

Principal Place of Business

1423 SUNSET BLVD
WEST PALM BEACH FL 33406

Mailing Address

1423 SUNSET BLVD
WEST PALM BEACH FL 33406

2. Principal Place of Business

1423 SUNSET ROAD

Suite, Apt. #, etc.

N/A

City & State

WEST PALM BEACH FLZip
33406

Country

U.S.

3. Mailing Address

1423 SUNSET ROAD

Suite, Apt. #, etc.

N/A

City & State

WEST PALM BEACH, FL

Zip

33406

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1052989

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CHARLTON, TRAVIS
1423 SUNSET BLVD
WEST PALM BEACH FL 33406

Name

N/A

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

City

FL

Zip Code

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CHARLTON, TRAVIS
1423 SUNSET BLVD
WEST PALM BEACH FL 33406 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
N/A ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Travis S. Charlton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

Daytime Phone #

CR2E034 (10/00)