

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90197 002 ***150.00

DOCUMENT # P00000113861

1. Entity Name
THINK TECHNOLOGY SALES, INC.



Principal Place of Business
**6554 NW 45TH WAY
COCONUT CREEK FL 33073**

Mailing Address
**6554 NW 45TH WAY
COCONUT CREEK FL 33073**

2. Principal Place of Business
257 GOOLSBY BLVD.

3. Mailing Address
P.O. Box 970460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH, FL

City & State
COCONUT CREEK, FL

Zip
33442

Country
U.S.A.

Zip
33099

Country
U.S.A.

4. FEI Number **65-1121671**

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GUADAGNO, MICHAEL A
6554 NW 45TH WAY
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name
MICHAEL A. GUADAGNO
Street Address (P.O. Box Number is Not Acceptable)
257 GOOLSBY BLVD.

City
DEERFIELD BEACH FL Zip Code
33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

4/15/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
GUADAGNO, MICHAEL A
STREET ADDRESS
6554 NW 45TH WAY
CITY-ST-ZIP
COCONUT CREEK FL 33073

TITLE
☐ Delete
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
MICHAEL A. GUADAGNO ☒ Change ☐ Addition
NAME
P.O. BOX 970460
STREET ADDRESS
COCONUT CREEK, FL. 33099
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date **4/15/03** Daytime Phone # **954-111-1561**

CR2E034 (10/02)