

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032561

1. Entity Name  
TECH MASTER OF EAST BOYNTON BEACH INC.

FILED  
Aug 28, 2002 8:00 am  
Secretary of State

03-31-2002 90048 014 \*\*\*150.00

Principal Place of Business  
29 SE 10TH STREET  
DEERFIELD BEACH FL 33441

Mailing Address  
29 SE 10TH STREET  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1092936

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HASHAGEN, CHERYL  
29 SE 10TH STREET  
DEERFIELD BEACH FL 33441

Name

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

SIGNATURE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P, D  
Hashagen, Robert  
29 SE 10th st  
Deerfield Beach FL 33441

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3, T, O  
Hashagen, Cheryl  
29 SE 10th st  
Deerfield Beach FL 33441

Change  Addition

TITLE  
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: *Robert Hashagen Pres* 08/10/02 954-574-9318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (4/02)