

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90167 002 ***150.00

0597406 AV

DOCUMENT # P01000063533

1. Entity Name

TECHNOLOGY PARTNERS GLOBAL, INC.



Principal Place of Business

**215 CELEBRATION PLACE
SUITE 500
CELEBRATION FL 34747**

Mailing Address

**215 CELEBRATION PLACE
SUITE 500
CELEBRATION FL 34747**

2. Principal Place of Business

119 HARWOOD CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

119 HARWOOD CIRCLE

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

KISSIMMEE

Zip

FL

Country

USA

City & State

KISSIMMEE

Zip

34744

Country

USA

4. FEI Number

22-3812695

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COX, DAMON R.
215 CELEBRATION PLACE
SUITE 500
CELEBRATION FL 34747**

7. Name and Address of New Registered Agent

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

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 **PRES** ☐ Delete
NAME **COX, DAMON R**
STREET ADDRESS **215 CELEBRATION PLACE, SUITE 500**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☐ Change ☐ Addition
NAME **COX, DAMON R.**
STREET ADDRESS **215 CELEBRATION PLACE**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
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

4/28/03 407-348-4869

Date

Daytime Phone #

CR2E034 (10/02)