

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

0101728 AV

DOCUMENT # P01000071466

1. Entity Name
MY TECHWARE, INC.

02-14-2002 90064 028 ***150.00

Principal Place of Business
8518 MILANO DR., STE. 2016
ORLANDO FL 32810

Mailing Address
8518 MILANO DR., STE. 2016
ORLANDO FL 32810



2. Principal Place of Business
1400 LAKE SHADOW CIR.

3. Mailing Address
PO BOX 941038

Suite, Apt. #, etc.
10-308

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MAITLAND FL

City & State
Maitland FL

4. FEI Number
59-3733850

Applied For
 Not Applicable

Zip
32751

Country
USA

Zip
32794-1038

Country
USA

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

KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE FL 32901

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.

SIGNATURE _____ (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, 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
D
 NAME
HILT, JOSHUA P
 STREET ADDRESS
8518 MILANO DR., STE. 2016
 CITY-ST-ZIP
ORLANDO FL 32810

TITLE
PRESIDENT
 NAME
JOSHUA P. HILT
 STREET ADDRESS
1400 Lake Shadow Cir. #10-308
 CITY-ST-ZIP
Maitland FL 32751

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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

1-25-02

Date

Daytime Phone #

407 325-0300

CR2E034 (9/01)