2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000086252

1. Entity Name

TECHNOSERV CORP.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90140 018 ***150.00

| Principal Place of Business 5900 CASA DEL REY CIRCLE ORLANDO FL 32809 | | | POS | Mailing Address POST OFFICE BOX 1650 WINDERMERE FL 34786 | | | | THEOREM IN DOLLAR HERY BOAR BORN OF | IZBA ARIKA BUKA KU | AL DIINE HEN HOAL | |
|--|----------------------------------|--|--------------------|--|--------------------------|---------------------|-----------------|--|---------------------------------------|-----------------------------|--|
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Su | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | | Cit | City & State | | | 4. | FEI Number 59-3741118 | 59-3741118 Applied For Not Applicable | | |
| Zip | Zip Country | | | Zip C | | Country | | 5. Certificate of Status Desired | | 8.75 Additional | |
| | 6. Name | and Address of Curre | nt Register | red Agent | <u> </u> | T | 7 | Name and Address of New Register | 1 | | |
| ORCHILLES, JUAN C | | | | | • | Name | | , | eu Agem | | |
| 5900 CASA DEL RAY CIRCLE ORLANDO FL 32809 | | | | Sireet Address | | | ress (P.U. E | Box Number is Not Acceptable) | · | | |
| à | | | | | | City | | F | Zip Co | de | |
| 8. The above the obligation | e named entit ations of regis | y submits this statement tered agent. | for the purp | pose of changing its | registere | ed office or re | gistered ag | ent, or both, in the State of Florida. Ta | | , and accept | |
| SIGNATURĘ | | or printed name of registered age. | nt and title if ap | plicable, (NOTE | - Registerer | 1 Agent signature r | aguired when re | einstating) DAT | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | , | Election Campaign Financing Trust Fund Contribution. | \$5.0 | DO May Be ed to Fees | |
| 10. OFFICERS AND DIRE | | | | RECTORS 11. | | | | DITIONS (OF INNOFER TO OFFICE OF | | | |
| TITLE | PSTD | | | ☐ Delete | TITLE | | AU | DITIONS/CHANGES TO OFFICERS A | | | |
| NAME STREET ADORESS CITY-ST-ZIP | ORCHILLE | A DEL REY CIRCLE | | □ Delete | NAME STREE | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS | | , , | · · · · · · · | ☐ Delete | TITLE | | <u> </u> | | ☐ Change | ☐ Addition | |
| CITY-ST-ZIP | | | | ☐ Delete | CITY-: | ST-ZIP | · · | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | C Delicie | NAME | T ADDRESS ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1. | | | ☐ Delete | TITLE NAME STREET | F ADDRESS | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Defete | TITLE NAME | ADDRESS | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | - | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | 70. | | ☐ Change | Addition | |

indicated on this report or supplied with this filing does not challify 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATUKE / JUAN C. prchilles SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR