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Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90071 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000007578

1. Entity Name
TECH MASTER INC.

10090991

Principal Place of Business	Mailing Address
2709 SWAMP CABBAGE COURT FORT MYERS, FL 33901	2709 SWAMP CABBAGE COURT FORT MYERS, FL 33901

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1112 S.W. 9Th. AVE.		1112 SW. 9Th. AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CAPE CORAL, FL.		City & State: CAPE CORAL FL.	
Zip: 33991	Country: USA	Zip: 33991	Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

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
RAZAVI, MASSOUD A 6221 SW. 19TH. PL. CAPE CORAL, FL 33914	Name: RAZAVI, MASSOUD A. Street Address (P.O. Box Number Is Not Acceptable): 1112 S.W. 9Th. AVE. City: CAPE CORAL FL Zip Code: 33991

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: M. Adib Razavi 04-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAZAVI, MASSOUD A 2709 SWAMP CABBAGE COURT FORT MYERS, FL 33901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAZAVI, MASSOUD A. 1112 SW. 9Th. AVE. CAPE CORAL, FL. 33991	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADIB-RAZAVI, DEBBIE S 2709 SWAMP CABBAGE COURT FORT MYERS, FL 33901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADIB-RAZAVI, DEBBIE S. 1112 SW. 9Th. AVE. CAPE CORAL, FL. 33991	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: M. Adib Razavi 04-25-03 (239)458-8443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #