2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000019900

1. Entity Name TECH 21, INC.



Principal Place of Business 4511 S OAK DR #R31A **TAMPA FL 33611**

City & State

Zip

Mailing Address

4511 S OAK DR #R31A **TAMPA FL 33611**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

City & State Country Zip Country ☐ CHECK HERE IF MAKING CHANGES

FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90458 009 ***150.00

4. FEI Number 82363

5. Certificate of Status Desired

Not Applicable \$8.75 Additional Fee Required

Zip Code

Applied For

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

7. Name and Address of New Registered Agent

SIGNATURE

10.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

YOUNG, BENNIE III

TAMPA FL 33611

4511 S OAK DRIVE #R31A

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.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

TITLE ☐ Delete TITLE ☐ Addition NAME YOUNG, BENNIE III NAME STREET ADDRESS 4511 S OAK DR #R31A STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

CITY-ST-ZIP

11.

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

OFFICERS AND DIRECTORS

Delete TITLE NAME STREET ADDRESS

☐ Delete TITLE

NAME STREET ADDRESS CITY-ST-ZIP

Delete TITLE NAME STREET ADDRESS

CITY-ST-ZIP ☐ Delete TITLE NAME

STREET ADDRESS CITY-ST-ZIP

☐ Change ■ Addition

☐ Change

Change

Change

☐ Addition

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

SIGNATURE:

Date

CR2E034 (10/02)

☐ Addition

☐ Addition