

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90079 033 ***150.00

DOCUMENT # P02000056507

1. Entity Name
TECHNOLOGY IN PRACTICE, INC.



Principal Place of Business
**7168 SEMINOLE BLVD.
SEMINOLE FL 33772**

Mailing Address
**7168 SEMINOLE BLVD.
SEMINOLE FL 33772**

2. Principal Place of Business

7158 Seminole Blvd.

Suite, Apt. #, etc.

3. Mailing Address

7158 Seminole Blvd.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0553131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARLOWE & MCNABB, P.A.
324 S. HYDE PARK AVE., STE. 210
TAMPA FL 33606**

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 **D** ☐ Delete
NAME **FOSTER, DEBORAH C**
STREET ADDRESS **10623 103RD ST. NORTH**
CITY-ST-ZIP **LARGO FL 33773**

TITLE **D** ☐ Delete
NAME **HENLEY, BARRON K**
STREET ADDRESS **1613 SLADE AVE.**
CITY-ST-ZIP **COLUMBUS OH 43235**

TITLE **D** ☐ Delete
NAME **UNGER, PAUL J**
STREET ADDRESS **4800 CANTERWOOD CT.**
CITY-ST-ZIP **HILLIARD OH 43026**

TITLE **D** ☐ Delete
NAME **BEST, STEVEN J**
STREET ADDRESS **290 VICKERY WAY**
CITY-ST-ZIP **ROSWELL GA 30075**

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

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

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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:

DEBORAH C. FOSTER **1/3/03** **727-319-8281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)