2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DOCUMENT # P02000108469 DIVISION OF CORPORATIONS 1. Entity Name TECHNOLOGY MENTOR, INC. 03 SEP 19 AH 8: 00 Principal Place of Business Mailing Address 10097 CLEARY BLVD 10097 CLEARY BLVD SHITE 400 SUITE 400 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number クローロ City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSLIN, JAY P Street Address (P.O. Box Number is Not Acceptable) 10097 CLEARY BLVD PLANTATION FL 33324 City Zip Code 6. The abovegramed 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 ager SIGNATURE nted name of registered agent and tike if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Dirocha Delete TITLE ☐ Change Addition منحال بمك NAME NAME CR2E034 STREET ADDRESS 1097 Clearly Bw #400 STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P DD F De lete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Adoltion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 appears, with all other like empowered.

<u>RE REQUIRED</u>

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIE

SIGNATURE:

09-12-2003 90095 010 ***150 00

P02000108469

ABTN: Ruby



1 September 2003

Florida Department of State Division of Corporations

Subject: Request to waive late fee of \$400 due to late filing

Reason for Late Filing: non-receipt of first 2003 Uniform Business Report. Corporation uses an outside mailbox service. Due to extended illness of director, mail was picked up by contract employee (subsequently was terminated). During this period a great deal of mail was lost and never delivered to director.

Technology Mentor, Inc has delayed the commencement in its operation until 1st September 2003.

Thank you for your consideration.

AR

Jay Joslin Director TECHNOLOGY MENTOR, INC.
OPERATING ACCOUNT
10097 CLEARY BLVD. NO. 400
PLANTATION, FL. 33324-1065

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