

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90109 001 ***158.75

DOCUMENT # P21159
 1. Entity Name
TECHNICORP (INC.)

Principal Place of Business 646 EYSTER BLVD. ROCKLEDGE FL 32955	Mailing Address 646 EYSTER BLVD. ROCKLEDGE FL 32955
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	22-2194032	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUGAN, W. DAVID 1090 NORTH A1A P.O. BOX 3325, 32903-3325 INDIANLANTIC FL 32903	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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PD TOMASULO, WALTER	TITLE NAME	
STREET ADDRESS	899 JEFFERSON ROAD	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	CITY-ST-ZIP	
TITLE NAME	VST STUART, COLLEEN M.	TITLE NAME	
STREET ADDRESS	899 JEFFERSON ROAD	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	CITY-ST-ZIP	
TITLE NAME	D STUART, COLLEEN M.	TITLE NAME	
STREET ADDRESS	899 JEFFERSON ROAD	STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	CITY-ST-ZIP	
TITLE NAME	D DUNPHY, RICHARD T.	TITLE NAME	
STREET ADDRESS	61 CLARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	RUTHERFORD NJ	CITY-ST-ZIP	
TITLE NAME	D SCHNEIDER, STEPHEN	TITLE NAME	
STREET ADDRESS	10 W 74TH ST	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Colleen M. Stuart* **Colleen M. STUART** **03/06/01** **321-631-6817**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)