

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P21159

FILED
Mar 26, 2002 8:00 AM
Secretary of State

Entity Name: TECHNICORP (INC.)

Current Principal Place of Business:

646 EYSTER BLVD.
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

646 EYSTER BLVD.
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 22-2194032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUGAN, W. DAVID
1090 NORTH A1A
P.O. BOX 3325, 32903-3325
INDIANLANTIC, FL 32903

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOMASULO, WALTER,
Address: 899 JEFFERSON ROAD
City-St-Zip: ROCKLEDGE, FL

Title: VST () Delete
Name: STUART, COLLEEN M.,
Address: 899 JEFFERSON ROAD
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: STUART, COLLEEN M.,
Address: 899 JEFFERSON ROAD
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: DUNPHY, RICHARD T.,
Address: 61 CLARK AVENUE
City-St-Zip: RUTHERFORD, NJ

Title: D () Delete
Name: SCHNEIDER, STEPHEN,
Address: 10 W 74TH ST
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN M. STUART

VP

03/26/2002

Electronic Signature of Signing Officer or Director

Date