

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0396116 AV

DOCUMENT # P93000011598

1. Entity Name  
TECHNICITY, INC.



Principal Place of Business  
10100 AQUA VISTA WAY  
BOCA RATON FL 33428

Mailing Address  
10100 AQUA VISTA WAY  
BOCA RATON FL 33428

11060102



2. Principal Place of Business

4400 N. Federal Hwy

Suite, Apt. #, etc.

#54

City & State

Boca Raton, FL

Zip

33431

Country

3. Mailing Address

4400 N. Federal Hwy

Suite, Apt. #, etc.

#54

City & State

Boca Raton, FL

Zip

33431

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3170010

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, GARY M ESQ  
925 SOUTH FEDERAL HWY SUITE 775  
BOCA RATON FL 33432

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 DP  
NAME INGBER, JOSEPH  
STREET ADDRESS 10100 AQUA VISTA WAY  
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE T  
NAME COHEN, GARY M  
STREET ADDRESS 925 SOUTH FEDERAL HWY STE 775  
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE S  
NAME INGBER, JOSEPH R  
STREET ADDRESS 10100 AQUA VISTA WAY  
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

(561) 654-8653

Daytime Phone #

CR2E034 (10/02)