

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90386 016 ***150.00

DOCUMENT # P94000050206
1. Entity Name
MANAGEMENT TECHNIQUES INC.



Principal Place of Business
1115 ROYAL PALM DR.
DELRAY BEACH FL 33444

Mailing Address
1115 ROYAL PALM DR.
DELRAY BEACH FL 33444



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0501815
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WILLIAMS, MELINDA A
1115 ROYAL PALM DR.
DELRAY BEACH FL 33444

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P WILLIAMS, MELINDA 1115 ROYAL PALM DR. DELRAY BEACH FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete VP NOCERA, VICTOR 1115 ROYAL PALM DR DELRAY BEACH FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 P NOCERA, VICTOR 1115 ROYAL PALM DR DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition VP WILLIAMS, MELINDA 1115 ROYAL PALM DR. DELRAY BEACH, FL 33444
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 190.03(1), 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, in all other like empowered.

SIGNATURE: *Melinda Williams* President
4/22/03 (561) 276-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #

CR2E034 (10/02)