

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000068583**

1. Entity Name

TECHXPERTS, INC.

Principal Place of Business

Mailing Address

(SAME)

**799 HAVANA DR
BOCA RATON, FL 33487**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

PALM BCH.

Zip

Country

4. FEI Number

65-0520203

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEVEN C. RUSSELL
799 HAVANA DR
BOCA RATON, FL 33487**

Name

DEBRA L. RUSSELL

Street Address (P.O. Box Number is Not Acceptable)

799 HAVANA DR.

City

BOCA RATON

FL

Zip Code

33487

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

Debra L. Russell

4/18/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE PRESIDENT** ☐ Delete
NAME **DEBRA L. RUSSELL**
STREET ADDRESS **799 HAVANA DR**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DEBRA L. RUSSELL**
STREET ADDRESS **799 HAVANA DR**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **STEVEN C. RUSSELL**
STREET ADDRESS **799 HAVANA DR**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **STEVEN C. RUSSELL**
STREET ADDRESS **799 HAVANA DR**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Debra L. Russell

4/19/01

561-999-0490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90129 035 ***158.75

A0062966

DO NOT WRITE IN THIS SPACE