

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038683

1. Entity Name
TECHNOLOGY EXCHANGE, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90387 036 ***158.75

Principal Place of Business

425 SW 33RD AVE
OCALA FL 34474
US

Mailing Address

PO BOX 770358
OCALA FL 34477
US

2. Principal Place of Business

1601 NE 25TH AVE

Suite, Apt. #, etc.

UNIT 602

City & State

OCALA, FL

Zip

34470

Country

mar:00

3. Mailing Address

1601 NE 25TH AVE

Suite, Apt. #, etc.

UNIT 602

City & State

OCALA FL

Zip

34470

Country

mar:00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3314807

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSIEUR, MICHAEL H
425 SW 33RD AVE
OCALA FL 34474

7. Name and Address of New Registered Agent

Name
mosieur, michael H

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

1601 NE 25TH AVE

UNIT 602

City

OCALA

FL

Zip Code

34470

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MOSIEUR, MICHAEL H
425 SW 33RD AVE
OCALA FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
mosieur, michael H
1601 NE 25TH AVE UNIT 602
OCALA, FL 34470 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

Michael H. Mosieur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01

Date

352/369/1655

Daytime Phone #

CR2E034 (10/00)