

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90029 013 ***150.00

DOCUMENT # P95000060267

1. Entity Name

TECHNORAD, INC.

Principal Place of Business

**700 W. LEELAND HEIGHTS BLVD
 LEHIGH ACRES FL 33936
 US**

Mailing Address

**POST OFFICE BOX 1465
 LEHIGH ACRES FL 33970-1465**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0806597

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RELSINGER, ANDREAS
 909 ROOSEVELT AVE
 LEHIGH ACRES FL 33972**

7. Name and Address of New Registered Agent

Name **REISINGER, ANDREAS**

Street Address (P.O. Box Number is Not Acceptable)
10641 Baytree Ct.

City **LEHIGH ACRES**

FL

Zip Code **33936**

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

ANDREAS REISINGER

04/19/00

Signature, typed or printed name of registered agent and the 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, 2000 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 | PD | <input type="checkbox"/> Delete |
| NAME | NEUMAIER, ULRICH | |
| STREET ADDRESS | 700 W LEELAND HEIGHTS BLVD | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33970 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | STEGHERR-NEUMAIER, GABRIELE | |
| STREET ADDRESS | 709 BENTLY STREET WEST | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEUMAIER, GABRIELE | |
| STREET ADDRESS | 709 BENTLY STREET EAST | |
| CITY-ST-ZIP | LEHIGH ACRES, FL 33936 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 agency, with all other like empowered.

SIGNATURE:

ULRICH NEUMAIER

04/19/2000

Date

(941)-368-0753

Daytime Phone #

CFR2E034 (9/99)