

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90421 016 ***150.00

DOCUMENT # P95000060267

1. Entity Name
TECHNORAD, INC.

Principal Place of Business Mailing Address
700 W. LEELAND HEIGHTS BLVD **POST OFFICE BOX 1465**
LEHIGH ACRES FL 33936 **LEHIGH ACRES FL 33970-1465**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
709 BENTLY STREET WEST **P.O. BOX 1465**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LEHIGH ACRES FL **LEHIGH ACRES FL**
 Zip Country Zip Country
33936 **US** **33970-1465** **US**

4. FEI Number Applied For
65-0598084 Not Applicable

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

6. Name and Address of Current Registered Agent
RELSINGER, ANDREAS
10647 BAYTREE CT
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent
 Name **REISINGER, ANDREAS**
 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.
REISINGER ANDREAS
 SIGNATURE DATE **04/08/02**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PD NEUMAIER, ULRICH 700 W LEELAND HEIGHTS BLVD LEHIGH ACRES FL 33970	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NEUMAIER, GABRIELE 709 BENTLY STREET WEST LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **NEUMAIER** 04/04/02 (239)-368 0753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)