2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an

SIGNATURE

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P95000084951 1. Entity Name TECHNOLOGY MANAGEMENT INCORPORATED 03-20-2000 90066 009 ***150.00 Mailing Address Principal Place of Business AMDU BEDDOME. TECHNOLOGY MANAGEMENT INC ANDY BEDDOME. TECHNOLOGY MANAGEMENT INC 5892 SUNDANCE CT 5892 SUNDANCE CT JUPITER FL 33458-3481 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0626456 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDY BEDDOME, TECHNOLOGY MAN I Street Address (P.O. Box Number is Not Acceptable) 5892 SIMDAMCE CT JUPITER FL 33458 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PTSD TITLE Change Delete TITLE BEDDOME, ANDY T NAME NAME **5892 SUNDANCE CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [] Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP polied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information id report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director lege exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that informat indicated on this re of the corporation