

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084951

1. Entity Name

TECHNOLOGY MANAGEMENT INCORPORATED

Principal Place of Business

ANDY BEDDOME, TECHNOLOGY MANAGEMENT INC
5802 SUNDANCE CT
JUPITER FL 33458
US

Mailing Address

AMDU BEDDOME, TECHNOLOGY MANAGEMENT INC
5802 SUNDANCE CT
JUPITER FL 33458
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Andy Beddome
261 SW Parish Terrace
Port St. Lucie, FL 34984

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ANDY BEDDOME, TECHNOLOGY MANAGEMENT INC

5802 SUNDANCE CT
JUPITER FL 33458

Andy Beddome

261 SW Parish Terrace
Port St. Lucie, FL 34984

Name

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.

SIGNATURE

Andy Beddome, President

(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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTSD
BEDDOME, ANDY T
5802 SUNDANCE CT
JUPITER FL 33458

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Andy Beddome
261 SW Parish Terrace
Port St. Lucie, FL 34984

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 601, 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: ANDY BEDDOME, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00011441

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90266 010 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0626456** Applied For
 Not Applicable

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

CR2E034 (10/00)

1/23/01

Date Daytime Phone #