

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094748

1. Entity Name

TECHNOLOGY PLACE, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90085 046 ***150.00

Principal Place of Business Mailing Address
4770 NW 2ND AVE P. O. BOX 811135
SUITE D BOCA RATON FL 33481-1135
BOCA RATON FL 33431 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3299 NW 2 Ave Suite, Apt. #, etc.
200 Suite, Apt. #, etc.
City & State City & State
Boca Raton City & State
Zip Country Zip Country

4. FEI Number 65-0634769 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID A. RUSTINE
4770 NW 2ND AVE
SUITE D
BOCA RATON FL 33431

Name
Street Address (P.O. Box Number is Not Acceptable)
3299 NW 2 Ave Ste 200
City Boca Raton FL Zip Code 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSTINE, DAVID A		NAME		
STREET ADDRESS	4770 NW 2ND AVE, SUITE D		STREET ADDRESS	3299 NW 2 Ave #200	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 address, with all other like empowered.

SIGNATURE: David Rustine David Rustine 4/18/00 (561) 997-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)