

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90020 049 \*\*\*150.00

**DOCUMENT # P96000062174**

1. Entity Name  
**TECHNOLOGY CONSULTING GROUP, INC.**

Principal Place of Business <b>1154 DARTFORD DR          TARPON SPRINGS FL 34689          US</b>	Mailing Address <b>1154 DARTFORD DR          TARPON SPRINGS FL 34689          US</b>
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2. Principal Place of Business <b>2528 Shipston Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>2528 Shipston Ave</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Newport Richey, FL</b>	City & State <b>Newport Richey FL</b>
Zip <b>34655</b>	Zip <b>34655</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3387555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**COLLIER, JAMES H SR.  
 4344 SANDOLLAR CT  
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

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: *Brenda M Larason* DATE: **4-27-02**

Signature, typed or printed name of registered agent and title 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.  (See criteria on back)

**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	<input type="checkbox"/> Delete <b>P LARASON, BRENDA M 1154 DARTFORD DR TARPON SPRINGS FL 34689</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2528 Shipston Ave Newport Richey, FL 34655</b>
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 all other like empowered.

SIGNATURE: *Brenda M Larason* DATE: **4-27-02** 721-934-7762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)