

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *PAV6000045M*

1. Entity Name

TECHNOLOGY CONCEPTS INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90106 027 ***150.00

Principal Place of Business

6401 31ST ST S. #905
SAINT PETERSBURG, FL
33712

Mailing Address

6401 31ST ST. S. #905
SAINT PETERSBURG, FL
33712

2. Principal Place of Business

6401 31ST ST. S.
Suite, Apt. #, etc.
#905

3. Mailing Address

6401 31ST ST. S.
Suite, Apt. #, etc.
#905

City & State

SAINT PETERSBURG, FL

City & State

SAINT PETERSBURG, FL

4. FEI Number

59-3417256

Applied For

Not Applicable

Zip

33712

Country

U.S.A.

Zip

33712

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD BRETT RACINE
6401 31ST ST. S. #905
SAINT PETERSBURG, FL
33712

7. Name and Address of New Registered Agent

Name
HOWARD BRETT RACINE
Street Address (P.O. Box Number is Not Acceptable)
6401 31ST ST. S. #905
City
SAINT PETERSBURG FL Zip Code
33712

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

Signature, typed or printed name of registered agent and title if applicable

(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, 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PRESIDENT</i>
STREET ADDRESS	<i>HOWARD BRETT RACINE</i>
CITY-ST-ZIP	<i>6401 31ST ST. SOUTH #905</i> <i>SAINT PETERSBURG, FL 33712</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *H Brett Racine* *HOWARD BRETT RACINE* *5-15-00 727-515-1132*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)