

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90156 026 ***150.00

DOCUMENT # P96000094154 1. Entity Name TECHNOLOGY CONCEPTS INC.			
Principal Place of Business 6401 31ST ST S. #905 ST. PETERSBURG FL 33712		Mailing Address 6401 31ST ST S. #905 ST. PETERSBURG FL 33712	
2. Principal Place of Business 1210 IDLEWILD DR. Suite, Apt. #, etc.		3. Mailing Address 1210 IDLEWILD DRIVE Suite, Apt. #, etc.	
City & State CLEARWATER, FLORIDA		City & State CLEARWATER, FLORIDA	
Zip 33755	Country USA	Zip 33755	Country USA
4. FEI Number 59-3417256			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RACINE, HOWARD BRETT 540 CARILLON PKWY., #2037 ST. PETERSBURG FL 33716		7. Name and Address of New Registered Agent Name RACINE, HOWARD BRETT Street Address (P.O. Box Number is Not Acceptable) 1210 IDLEWILD DRIVE City CLEARWATER FL Zip Code 33755	
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. ADDRESS CHANGE ONLY			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RACINE, HOWARD BRETT 540 CARILLON PKWY., #2037 ST. PETERSBURG FL 33716		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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 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: H Brett Racine HOWARD BRETT RACINE 4-25-01 727-515-1132 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)