## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** May 01, 2001 8:00 am Secretary of State DOCUMENT # **P97000038747** 1. Entity Name TOTAL TECH INC. 05-01-2001 90104 025 \*\*\*150.00 Principal Place of Business Mailing Address 3631 CENTRAL AVE 3631 CENTRAL AVE N 0 0 0 0 0 0 0 0 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33712 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SI. Peters Burg, Fl. City & State 4. FEI Number Applied For 59-3444186 Not Applicable Zip Country Country PINECCAS \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUOCO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 6220 4TH ST SOUTH ST PETERSBURG FL 33705 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T!TLE ☐ Delete Change CUOCO, RICHARD E NAME 6220 415 5T. SO. 5T. Pefe R5 BURG, FL. 33705 STREET ADDRESS 2228 28TH ST. N.-CITY-ST-ZIP CITY - ST - ZIP ST. PETERSBURG FL 33713 DST ☐ Delete TITLE CUOCO, ELLEN K NAME NAME 420-45 ST. SO. ST- Peferszurg, FR. STREET ADDRESS STREET ADDRESS 2228 28TH ST NORTH -CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL 33713 T Addition TITLE THLE ☐ De;ete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST-79P ☐ Delete TITLE Change Addition THE NAME NAMS STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE 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 off cor 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.

CITY-ST-ZiP

TITLE

NAME STREET ADORESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

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Addition

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