

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045352

1. Entity Name
TECNOL, INCORPORATED

Principal Place of Business

1298 LAKEVIEW RD
CLEARWATER FL 33756

Mailing Address

1298 LAKEVIEW RD
CLEARWATER FL 33756

2. Principal Place of Business *HARBOR*
985 HARBOR LAKE DR

Suite, Apt. #, etc.
#6

3. Mailing Address
985 HARBOR LAKE DR

Suite, Apt. #, etc.
#6

City & State
SAFETY HARBOR, FL

Zip
34695

Country
PINELLAS

City & State
SAFETY HARBOR, FL

Zip
34695

Country
PINELLAS

4. FEI Number **65-0767485**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, G. WARREN
1298 LAKEVIEW RD
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name *G. WARREN SMITH*
Street Address (P.O. Box Number is Not Acceptable)
985 HARBOR LAKE DRIVE
#6
City *SAFETY HARBOR* FL Zip Code *34695*

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 *G. Warren Smith*

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, 2001 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	VP KELLER, D. WAYNE 1298 LAKEVIEW RD CLEARWATER FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARNIELLI, SERGIO 3370 NW 72 AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)