

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050159

1. Entity Name

TONAWANDA TECHNOLOGY, INC.

FILED

Mar 15, 2001 8:00 am  
Secretary of State

03-15-2001 90003 050 \*\*\*150.00

Principal Place of Business

8134 VALENCIA ROAD  
FORT MYERS FL 33912

Mailing Address

8134 VALENCIA ROAD  
FORT MYERS FL 33912

2. Principal Place of Business

2509 8th St. W.

Suite, Apt. #, etc.

3. Mailing Address

2509 8th St. W.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES

City & State

LEHIGH ACRES

4. FEI Number

65-0767930

Applied For

Not Applicable

Zip

33971

Country

Zip

33971

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ARNOLD L

8134 VALENCIA ROAD

FORT MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

2509 8th St. W.

City

LEHIGH ACRES

FL

Zip

33971

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MILLER, ARNOLD L	8134 VALENCIA ROAD	FORT MYERS FL 33912	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MILLER, ARNOLD	2509 8th St. W.	LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E034 (10/00)