

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90195 007 \*\*\*150.00

**DOCUMENT # P97000059627**

**1. Entity Name**  
**TECHNO NERDS, INC.**

**Principal Place of Business**  
**710 W. COLONIAL DR., STE. 205**  
**ORLANDO FL 32804**

**Mailing Address**  
**710 WEST COLONIAL DRIVE #51**  
**SUITE 100**  
**ORLANDO FL 32809**

010011



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*710 W. Colonial Dr, Ste 103*

*710 W. Colonial Dr, Ste 103*

City & State

City & State

*Orlando, FL*

Zip

Country

Zip

Country

*32804*

*Orange*

**4. FEI Number** **59-3458400**

Applied For

Not Applicable

**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**

**VON GRAFF, DAWN**  
**710 WEST COLONIAL DRIVE**  
**SUITE 100**  
**ORLANDO FL 23835**

Name

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

City

**FL**

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.**

**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, 2002 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 **PT** ☒ Delete  
 NAME **BOWMAN, MARY B**  
 STREET ADDRESS **7039 DELLA DRIVE #54**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PT** ☐ Change ☒ Addition  
 NAME **VON GRAFF, DAWN**  
 STREET ADDRESS **4820 Pebble Beach Dr**  
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE **VS** ☐ Delete  
 NAME **VON GRAFF, JUDY P**  
 STREET ADDRESS **7218 DELLA DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/2/02*  
 Date

*407-650-9292*  
 Daytime Phone #

CR2E034 (9/01)