

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000066071

1. Entity Name
TECHNICAL PROVIDERS, INC.

Principal Place of Business
2855 KIRBY AVE NE
STE 2
PALM BAY FL 32905
US

Mailing Address
2855 KIRBY AVE NE
STE 2
PALM BAY FL 32905
US

2. Principal Place of Business
2600 KIRBY AVE NE

3. Mailing Address
PO BOX 060820

Suite, Apt. #, etc.
STE 11

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BAY FL

City & State
PALM BAY FL

4. FEI Number
59-3459953
Applied For
Not Applicable

Zip Country
32905 US

Zip Country
32906 US

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

6. Name and Address of Current Registered Agent

HELTON LELINOR A.
2855 KIRBY AVE NE
STE 2
PALM BAY FL 32905
US

7. Name and Address of New Registered Agent

Name
HELTON LELINOR A.
Street Address (P.O. Box Number is Not Acceptable)
2600 KIRBY AVE NE
STE 11
City
PALM BAY FL
Zip Code
32905

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 _____ DATE 04/16/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P
NAME HELTON LELINOR ☐ Delete
STREET ADDRESS 2855 KIRBY AVE NE #2
CITY-ST-ZIP PALM BAY FL 32905

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME HELTON LELINOR AP
STREET ADDRESS 2600 KIRBY AVE NE #11
CITY-ST-ZIP PALM BAY FL 32905

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: Leliner A. Helton P 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)