

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101470

1. Entity Name

TECHNOTES CORPORATION

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90062 001 \*\*\*150.00

Principal Place of Business

Mailing Address

7595 BAYMEADOWS CIR W  
STE 914  
JACKSONVILLE FL 32256

1731 COLONIL DR  
GREEN SPRINGS FL 32043-8006

2. Principal Place of Business

225 Hawthorne Hedge Lane

3. Mailing Address

225 Hawthorne Hedge Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

65-0797377

Applied For

Not Applicable

Zip

32259

Country

USA

Zip

32259

Country

USA

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

HOHMAN, JENNIFER M  
1731 COLONIAL DR  
GREEN COVE SPRINGS FL 32043

Name

Jennifer L Mitchell

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

225 Hawthorne Hedge Lane

City

Jacksonville

FL

Zip Code

32259

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

*Jennifer Mitchell, President*

3 Jan 2000

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, 2000 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 ☐ Delete  
NAME P  
STREET ADDRESS HOHMAN, JENNIFER M  
CITY-ST-ZIP 1731 COLONIAL DR  
GREEN COVE SPRINGS FL 32043

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS Jennifer L Mitchell  
CITY-ST-ZIP 225 Hawthorne Hedge Lane  
Jacksonville FL 32259

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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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:

*Jennifer L Mitchell, President*

3 Jan 2000

904-230-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)