

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000000085**1. Entity Name  
TECHNOLOGY TRANSFER INFORMATION SYSTEMS, INC.

Principal Place of Business 14497 N DALE MABRY HWY, STE 200  TAMPA FL 33618	Mailing Address 14497 N DALE MABRY HWY, STE 200  TAMPA FL 33618
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3514594**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**RIVERA LOUIS C  
14497 N DALE MABRY HWY, STE 200  
  
TAMPA FL 33618**7. Name and Address of New Registered Agent**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 \_\_\_\_\_ DATE **05/01/2001**  
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 NAME STREET ADDRESS CITY-ST-ZIP	DS FOSKEY ANTHONY A 18814 FOREST GLEN CRT TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COATS MICHEALS A 2518 REGAL RIVER RD VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERA LOUIS C 12001 STEPPINGSTONE BLVD TAMPA FL 33653	<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
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:** Louis C. Rivera DP 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)