

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000213

1. Entity Name

TECHNICAL MARKETING, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90252 035 ***150.00

Principal Place of Business

Mailing Address

2059 IOWA AVE NE
ST. PETERSBURG FL 33703

8401 9TH ST N
SUITE B670
ST. PETERSBURG FL 33702-3568

2. Principal Place of Business

12800 Indian Rocks Rd

3. Mailing Address

12800 Indian Rocks Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

Suite 6

City & State

City & State

Largo FL

Largo FL

Zip

Zip

33774

33774

Country

Pinellas

Country

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, MONA C
2059 IOWA AVE NE
ST. PETERSBURG FL 33703

Name

Johnson, Mona C

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

1700 Indian Rocks Rd. South

City

Largo

FL

Zip Code

33774

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, 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	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MONA C	
STREET ADDRESS	2059 IOWA AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Mona C	
STREET ADDRESS	1700 Indian Rocks Rd. South	
CITY-ST-ZIP	Largo FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

727-596-0500

Daytime Phone #

CR2E034 (9/99)