Received: 4/30/ 2; 11:53; 813 218 9090 => HTCC; #2
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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 20 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004392

1. Entity Name
HIGH-TECH COMMUNICATIONS CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

2001-2002 UBR

2. Principal Place of Business	3. Mailing Address
4201 W AZEELE ST	4201 W AZEELE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA, FL
Zip: 33609 Country: USA	Zip: 33609 Country:

4. FEI Number 22-3437895 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: BARBARA E MERKT
Street Address (P.O. Box Number is Not Acceptable): 4201 W AZEELE ST
City: TAMPA FL Zip Code: 33609

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 ______
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	BARBARA MERKT
STREET ADDRESS	4201 W AZEELE STREET
CITY - ST - ZIP	TAMPA, FL 33609

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-08/13/02--01048--01
****300.00 ****300.00

CR2E048 (12/01)

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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 on an attachment with an address, with all other like empowered.

SIGNATURE [signature] 4/30/02 813 637 9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32391F.1