

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072139

1. Entity Name

TECHNICAL FORCE, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90095 001 *****8.75

04-12-2000 90095 002 ***155.00

Principal Place of Business

1515 KENNEDY BOULEVARD
LAKELAND FL 33810

Mailing Address

PO BOX 93396
LAKELAND FL 33804-3396

2. Principal Place of Business

STARLING LOOP
Suite, Apt. #, etc. 5527

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE LAND - FL

City & State

Zip

33810

Country

Polk

Country

4. FEI Number

59-3529667

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MANAGAL, ACHYUT K
1515 KENNEDY BOULEVARD
LAKELAND FL 33810

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
MANGALVEDKAR, MALA A
1515 KENNEDY BLVD
LAKELAND FL 33810

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

Achyut Mangal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

Daytime Phone #

CR2E034 19/99