

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076627

Entity Name

TECHNOLOGIES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90140 050 ***150.00

Principal Place of Business CAPERS ROAD FL 32095	Mailing Address 65 SEASIDE CAPERS ROAD ST. AUGUSTINE FL 32095-2383
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813451



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Apt. #, etc.	Suite, Apt. #, etc.

County & State	City & State	4. FEI Number 59-3544221	Applied For <input type="checkbox"/> Not Applicable
Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAUGHON, RICHARD S
200 WEST FORSYTH STREET SUITE 1730
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Michael Blumberg m3

FEB 15, 2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

corporation is eligible to satisfy its intangible
filing requirement and elects to do so.
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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D BLUMBERG, MICHAEL 65 SEASIDE CAPERS ROAD ST. AUGUSTINE FL 32095 ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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 furnished 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:

Michael Blumberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 15, 2000 904 824 3723