## 2000 UNIFORM BUSINESS REPORT (UBR)

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## DOCUMENT # P98000089217 May 16, 2000 8:00 am Secretary of State TECKNET COMPUTERS. INC. 05-16-2000 90153 033 \*\*\*150.00 Principal Place of Business Mailing Address 221 TURNER ST 7421 114TH AVENUE NORTH #206 LARGO FL 33773 CLEARWATER FL 33756-5212 2. Principal Place of Business 3. Mailing Address LEVELAND ST. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3539063 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name E. LEBRON FREE Street Address (P.O. Box Number is Not Acceptable) 2725 PARK DRIVE SUITE 3 CLEARWATER FL 34623-1023 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, NP5 DPS ☐ Delete TITLE TITLE NAME LAUHON, OHO. HLB/ 100HAPTON RD. HLB/ LAUHON, OTTO NAME LAWTON, OTTO STREET ADDRESS STREET ADDRESS 100 HAMPTON RD #68 CITY-ST-ZIE CITY-ST-ZIP **CLEARWATER FL 33759** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE -Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appliamental 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 eceive or trustee emported to exploit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if