

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90097 033 ***150.00

0072630

DOCUMENT # P98000102798

1. Entity Name
TECHNOSTUFF, INC.

Principal Place of Business
**13226 MEADOWFIELD DR.
 ORLANDO FL 32824**

Mailing Address
**13226 MEADOWFIELD DR.
 ORLANDO FL 32824**

C0013318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2882 Willow Bay Terrace

3. Mailing Address
2882 Willow Bay Terrace

Suite, Apt. #, etc.
Casselberry, FL

Suite, Apt. #, etc.
Casselberry, FL

City & State
32707

City & State
Casselberry, FL

4. FEI Number **59-3546937**

Applied For
 Not Applicable

Zip
32707

Country
USA

Zip
32707

Country
USA

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

6. Name and Address of Current Registered Agent

**HUFF, STEPHANIE S
 13226 MEADOWFIELD DR.
 ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name **Huff, Stephanie S**
 Street Address (P.O. Box Number is Not Acceptable)
2882 Willow Bay Terrace
 City **Casselberry** **FL** Zip Code **32707**

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, 2001 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 ☐ Delete
 NAME **D HUFF, STUART R**
 STREET ADDRESS **13226 MEADOWFIELD DR.**
 CITY-ST-ZIP **ORLANDO FL 32824**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **D Huff, Stuart R**
 STREET ADDRESS **2882 willow Bay Terrace**
 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: **Stuart Huff**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001 407-808-6709
 Date Daytime Phone #

CR2E034 (10/00)