

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
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00013318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2882 Willow Bay Terrace Suite, Apt. #, etc. Casselberry, FL	3. Mailing Address 2882 Willow Bay Terrace Suite, Apt. #, etc. Casselberry, FL
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City & State 32707 Casselberry, FL	City & State Casselberry, FL
Zip 32707	Country USA

4. FEI Number 59-3546937	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
State 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HUFF, STUART R 13226 MEADOWFIELD DR. ORLANDO FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Huff, Stuart R 2882 willow Bay Terrace Casselberry, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Stuart Huff Date: 1/10/2001 Daytime Phone #: 407-808-6709

CR2E034 (10/00)