

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106804

1. Entity Name

TECHNOLOGY CONNECTION INTERNATIONAL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90066 025 ***150.00

Principal Place of Business

104 CARYLE CIRCLE
 PALM HARBOR FL 34683

Mailing Address

104 CARYLE CIRCLE
 PALM HARBOR FL 34683-1803

2. Principal Place of Business

2460 NORTHSIDE DRIVE

3. Mailing Address

2460 NORTHSIDE DRIVE

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33761

Country

USA

Zip

33761

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3550293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLIGAN, KENNETH H
 104 CARYLE CIRCLE
 PALM HARBOR FL 34683

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 P ☐ Delete
 NAME MILLIGAN, KENNETH H
 STREET ADDRESS 3820 GULF BOULEVARD, #406
 CITY-ST-ZIP ST PETERSBURGH BEACH FL 33711

TITLE VP ☐ Delete
 NAME LAWN, MICHAEL A
 STREET ADDRESS 2460 NORTHSIDE DRIVE #402
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE ST ☐ Delete
 NAME CANDELLA, PATRICK
 STREET ADDRESS 1574 CHADAUX DE VILLE COURT
 CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

MICHAEL LAWN VP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

727-781-4708

Daytime Phone #

CR2E034 (9/99)