

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012587

1. Entity Name

TEKNOCRATS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90025 048 ***150.00

Principal Place of Business

1099 LAUREL OAKS COURT
OVIDO FL 32765

Mailing Address

P.O. BOX 677386
ORLANDO FL 32765-6481

2. Principal Place of Business

3. Mailing Address

1099 Laurel Oaks Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Oviedo FL

Zip

Country

Zip
32765

Country

4. FEI Number

59-3556486

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.
THE GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32201-0240

7. Name and Address of New Registered Agent

Name

W. Steven Edmonds Jr.

Street Address (P.O. Box Number is Not Acceptable)

1099 Laurel Oaks Ct

City

Oviedo

FL

Zip Code

32765

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

4/15/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
William Steven Edmonds Jr.
1099 Laurel Oaks Court
Oviedo, FL 32765

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2000

CR2E034 (9/99)