

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90003 001 \*\*\*300.00

**DOCUMENT # P99000017270**

1. Entity Name  
**TECHNICAL EQUIPMENT MANAGEMENT, INC.**

Principal Place of Business  
**111 S. MOODY AVE.**  
**TAMPA FL 33609**

Mailing Address  
**111 S. MOODY AVE.**  
**TAMPA FL 33609**

2. Principal Place of Business  
**109 North Brush St.**  
 Suite, Apt. #, etc.  
**STE 500**

3. Mailing Address  
**Same**  
 Suite, Apt. #, etc.  
**Same**

City & State  
**Tampa, FL**

City & State  
**Same**

Zip  
**33601**

Country  
**US**

Zip  
**Same**

Country  
**Same**

4. FEI Number **59-3608283**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**CANNELLA, NORMAN S**  
**111 S. MOODY AVE.**  
**TAMPA FL 33609**

Name  
**Cannella, Norman S**  
 Street Address (P.O. Box Number is Not Acceptable)  
**109 North Brush St**  
**STE 500**  
 City  
**Tampa, FL** Zip Code  
**33601**

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 *Norman S. Cannella*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/25/01*

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **DP**  
 STREET ADDRESS **UNDORF, RUTH A**  
 CITY-ST-ZIP **111 S. MOODY AVE.**  
**TAMPA FL 33609** ☐ Delete

TITLE  
 NAME **Secretary; Treasurer** ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **ST**  
 STREET ADDRESS **DONAHUE, TERESA J**  
 CITY-ST-ZIP **111 S. MOODY AVE.**  
**TAMPA FL 33609** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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: *Ruth Ann Undorf*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*25 Apr 01*  
 Date

Daytime Phone #

CR2E034 (10/00)