

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90074 020 \*\*\*158.75

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**DOCUMENT # P99000026405**  
 1. Entity Name  
**TECHNIKA SERVICES INC.**

Principal Place of Business      Mailing Address  
**3900 NORTHEAST 18TH AVENUE #11**      **3900 NORTHEAST 18TH AVENUE #11**  
**FORT LAUDERDALE FL 33334**      **FORT LAUDERDALE FL 33334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**9401 CASCADE COURT**      **9401 CASCADE COURT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**BOYNTON BEACH, FL.**      **BOYNTON BEACH, FL.**

Zip      Country      Zip      Country  
**33437**      **U.S.A.**      **33437**      **U.S.A.**

4. FEI Number      Applied For  
**65-0906645**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name  
**STUART J. MCKENDRICK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9401 CASCADE COURT**  
 City      State      Zip Code  
**BOYNTON BEACH, FL 33437**

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 *Stuart J. McKendrick* (**STUART J. MCKENDRICK - PRESIDENT**)      DATE **2/11/02**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>D</b> <b>MCKENDRICK, STUART J</b> <b>3900 NORTHEAST 18TH AVENUE #11</b> <b>FORT LAUDERDALE FL 33334</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	<b>DIRECTOR</b> <b>STUART J. MCKENDRICK</b> <b>9401 CASCADE COURT</b> <b>BOYNTON BEACH, FL. 33437</b>	<input checked="" 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 J. McKendrick*      DATE: **2/12/02**      Daytime Phone #: **561-752-2596**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)