

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90012 048 ***150.00

DOCUMENT # P99000059891

1. Entity Name

TECHNOID, INC.

Principal Place of Business

Mailing Address

~~246 GLADES CIRCLE~~
~~LARGO FL 33771~~

~~246 GLADES CIRCLE~~
~~LARGO FL 33760 1402~~

2. Principal Place of Business

3. Mailing Address

2881 CATHY LN

P.O. Box 15606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater, FLA.

Clearwater, FLA.

Zip

Country

Zip

Country

33760

USA

33760

USA

4. FEI Number

Applied For

59-3584839

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

~~SPIEGEL & UTREBA, P.A.~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

Name **JOE DETRAPANI**

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

2881 CATHY LANE

City

Clearwater

FL

Zip Code

33760

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 is 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **DETRAPANI, JOSEPH G V**
STREET ADDRESS **246 GLADES CIRCLE**
CITY-ST-ZIP **P.O. Box 15606**
LARGO FL 33771

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

TITLE ☐ Delete
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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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00
Date

727 421 7889
Daytime Phone #

C:\R2E034 (9/99)