

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000066130**1. Entity Name  
TECHNICAL COMMUNICATIONS CONSULTING AND TRAINING, INC.Principal Place of Business  
1289 SOUTHWEST 5TH STREET  
BOCA RATON FL 33486  
Mailing Address  
1289 SOUTHWEST 5TH STREET  
BOCA RATON FL 334862. Principal Place of Business  
Suite, Apt. #, etc.  
3. Mailing Address  
1289 SOUTH WEST 5TH STREET  
Suite, Apt. #, etc.City & State  
BOCA RATON FLZip Country  
334864. FEI Number  
65-0996049  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SORENSEN HALYNA  
1289 SOUTHWEST 5TH STREET  
BOCA RATON FL 33486**7. Name and Address of New Registered Agent**Name  
SORENSEN HALYNA  
Street Address (P.O. Box Number is Not Acceptable)  
1289 SOUTH WEST 5TH STREET  
City  
BOCA RATON FL Zip Code  
33486

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 \_\_\_\_\_ DATE **04/07/2001**  
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, 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	SORENSEN HALYNA	
STREET ADDRESS	1289 SOUTHWEST 5TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SORENSEN HALYNA		
STREET ADDRESS	1289 SOUTH WEST 5TH STREET		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:** Halyna Sorensen

D

04/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)