FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State P99000066725 **DOCUMENT#** 1. Entity Name 04-28-2003 90523 033 ***150.00 TECHNOLOGY CAPITAL GROUP, INC. Principal Place of Business Mailing Address TINTRILL 201 8TH STREET SOUTH 201 8TH STREET SOUTH #107 #107 NAPLES FL 34102 NAPLES FL 34102 US US 2. Principal Place of Business 3. Mailing Address Sth Sour 30 CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0948567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MISSAL, MARY L ddress (PO Box Number is Not Acceptable) 201 8TH STREET SOUTH #107 NAPLES FL 34102 . 8. The above named entity submits this statement for the purpose of changing its registered office or reg stered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pr (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if app FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITLE ☐ Addition COLLINS, KYLE W NAME NAME STREET ADDRESS 10 SEAGATE DRIVE, 5N STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition MISSAL, MARY L NAME NAME 2041 SNOOK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE NAPLES FL 34102 CITY-ST-ZIP TITLE . Delete TITLE --- Chance Addition = NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

SIGNATURE:

address, with all other like empowered.