

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066963

1. Entity Name

TECHNO-WIZARDS, INC.

Principal Place of Business

444 BUNKER RD.
W. PALM BEACH FL 33405

Mailing Address

444 BUNKER RD.
W. PALM BEACH FL 33405-3639

2. Principal Place of Business

444 Bunker Rd.

Suite, Apt. #, etc.

202

City & State

West Palm Beach FL

Zip

33405

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0560354

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLATT, LYLE C
444 BUNKER RD.
W. PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

Platt, Lyle C

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

444 Bunker Rd.

City

W.P.B.

FL

Zip Code

33405

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 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
00 JUN 22 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

062E034 (9/99)

KE

Signature: *DeWayne Combs* Date: 4/20/00 (561) 586-8686