

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90294 014 ***158.75

DOCUMENT # **PA9000088006** ✓

1. Entity Name

THE TECHIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2202N.WESTSHORE BLVD

3. Mailing Address

2202N.WESTSHORE BLVD.

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL.

City & State

TAMPA, FL.

4. FEI Number

59-3602610

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HARVEY C. ZORN

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

2202N.WESTSHORE BLVD

SUITE 200

City

TAMPA

FL

Zip Code

33607

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PRESIDENT & SECRETARY
KIRKLAND B. DESMOND
2202N.WESTSHORE BLVD.
TAMPA, FL. 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICEPRESIDENT, TREASURER
HARVEY C. ZORN
2202N.WESTSHORE BLVD
TAMPA, FL. 33607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 813-908-8945

Date

Daytime Phone #

CR2E034B (12/01)