

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90115 010 \*\*\*150.00

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

**DOCUMENT # P99000088006**

1. Entity Name  
**THE TECHIES, INC.**



Principal Place of Business  
**2202 N. WESTSHORE BLVD  
SUITE 200  
TAMPA FL 33607**

Mailing Address  
**2202 N. WESTSHORE BLVD  
SUITE 200  
TAMPA FL 33607**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3602610**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent:

**ZORN, HARVEY C  
2202 N. WESTSHORE BLVD  
SUITE 200  
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name **NANCY G. FARAGE**  
Street Address (P.O. Box Number is Not Acceptable) **707 NORTH FRANKLIN ST.  
4TH FLOOR**  
City **TAMPA** FL **33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harvey C Zorn* *Nancy G. Farage* **2/24/03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when resigning) DATE **1/30/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **DESMOND, KIRKLAND B**  
STREET ADDRESS **2202 N. WEST SHORE BLVD, STE 200**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **VT** ☐ Delete  
NAME **ZORN, HARVEY C**  
STREET ADDRESS **2202 N. WEST SHORE BLVD, STE 200**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Harvey C Zorn* **HARVEY C. ZORN VP.** **1/29/03** **813-908-8945**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)