

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64460

1. Entity Name

TECENTRE INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90155 010 \*\*\*150.00

Principal Place of Business

Mailing Address

~~P.O. BOX 20101~~  
~~BRADENTON FL 34203~~

~~P.O. BOX 20101~~  
~~BRADENTON FL 34204-0101~~

2. Principal Place of Business

3. Mailing Address

*P.O. Box 2400*

*P.O. Box 2400*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*ONECO, FL. 34264*

*ONECO, FL. 34264*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3100061**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHORBA, JOHN W.  
6116 CYPRESS CIR  
BRADENTON FL 34202

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	CHORBA, JOHN W.	6116 CYPRESS CIR	BRADENTON FL						

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:

*John W. Chorba*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/00*  
Date

*941 755 9447*  
Daytime Phone #

CR2E034 (9/99)