

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

040496

\_\_\_\_\_

DO NOT WRITE IN THIS SPACE

<div style="display: flex; justify-content: space-between;"> <div> <b>DOCUMENT #</b>  1. Entity Name  <b>TECENTRE INC.</b> </div> <div style="font-size: 24pt; font-weight: bold;">S64460</div> </div>		<div style="font-size: 18pt; font-weight: bold;">Apr 29, 2002 8:00 am</div> <div style="font-size: 24pt; font-weight: bold;">Secretary of State</div> <div style="font-size: 10pt;">04-29-2002 90021 005 ***150.00</div>																													
Principal Place of Business <b>P.O. BOX 2400</b> <b>ONECO FL 34264</b>		Mailing Address <b>P.O. BOX 2400</b> <b>ONECO FL 34264</b>																													
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																													
City & State		City & State																													
Zip	Country	Zip	Country																												
6. Name and Address of Current Registered Agent  <b>CHORBA, JOHN W.</b> <b>6116 CYPRESS CIR</b> <b>BRADENTON FL 34202</b>		4. FEI Number <div style="border: 1px solid black; padding: 2px; font-weight: bold;">59-3100061</div>																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required Applied For Not Applicable																													
DO NOT WRITE IN THIS SPACE																															
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="font-weight: bold;">FILE NOW!!! FEE IS \$150.00</div> <div style="font-weight: bold;">After May 1, 2002 Fee will be \$550.00</div> <div style="font-weight: bold;">Make Check Payable to Department of State</div>																													
11. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> <b>P</b>  <b>CHORBA, JOHN W.</b>  <b>6116 CYPRESS CIR</b>  <b>BRADENTON FL</b> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHORBA, JOHN W.</b> <b>6116 CYPRESS CIR</b> <b>BRADENTON FL</b> <input type="checkbox"/> Delete													12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHORBA, JOHN W.</b> <b>6116 CYPRESS CIR</b> <b>BRADENTON FL</b> <input type="checkbox"/> Delete																														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																														
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																															

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

4/12/02 941-755-9447

CH2E034 (9/01)