2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 17, 2002 8:00 am Secretary of State DOCUMENT # V54442 1. Entity Name B. A. TECHNICAL CONSULTING CORPORATION 07-17-2002 90142 008 ***150.00 Principal Place of Business Mailing Address 4630 TIFFANY WOOD CIRCLE 4630 TIFFANY WOOD CIRCLE OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3135948 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 🕚 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SKODNIK, MARTHA IRMA Street Address (P.O. Box Number is Not Acceptable) **4630 TIFFANY WOOD CIRCLE** OVIEDO FL 32765 City 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. I am familiar with, and accept the obligations of registered agent. **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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 **\$5.00** May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition SKODNIK, MARTHA IRMA NAME NAME STREET ADDRESS 4630 TIFFANY WOOD CIRCLE STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP UTLE ☐ Delete TITLE ☐ Change ☐ Addition SKODNIK, FEDERICO J NAME NAME STREET ADDRESS 4630 TIFFANY WOOD CIRCLE STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765 CITY-ST-ZIP TITLE Delete ... ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT: F ☐ Addition NAME

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ Defete

Change

☐ Addition

Attachment V54442/675243

B. A. TECHNICAL CONSULTING CORPORATION

Board of Directors Martha I. Skodnik

4630 Tiffany Woods Ct. Oviedo, Fl. 32765 407-671-2920

July 12, 2002

Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

I never received this report, I only recevied on July 9, 2002. In turn, that is why the report has been returned late with a fee of \$ 150.00 as required.

Sincerely.

Federico J. Skodnik