2001 UNIFORM BUSINESS REPORT (UBR)

000278 AT

DOCUMENT # A00000001518

1. Entity Name

MTEC INTERNATIONAL, LTD.

FILED
01 SEP 13 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
POST OFFICE BOX 459 PLANT CITY FL 33564	POST OFFICE BOX 459 PLANT CITY FL 33564

2. Principal Place of Business	3. Mailing Address
3804 Sydney Road Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT CITY, FL	City & State
Zip: 33567 Country: Hillsborough	Zip / Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number: 59-3673269 ☐ 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
MOTOLAW, INC. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # M00000002064 NAME MTEK GENERAL, LC STREET ADDRESS 306 W. SIMONDS ROAD CITY-ST-ZIP SEAGOVILLE TX 75159	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 700004610477--7 -09/25/01--01068--003 CITY-ST-ZIP ****541.25 ****541.25
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STAPLE CHECK HERE

CR2E003 (5/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Daniel Wilson REQ DANIEL WILSON 7/9/01 800:289-2953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #