LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~A00000001581~~ A00000001518

1. Entity Name

MTEC International, Ltd.

FILED

02 JUL -3 PM 4:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3804 Sydney Road	P.O. Box 459
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Todd Tustin
City & State: Plant City, FL	City & State: Plant City, FL
Zip: 33567 Country: US	Zip: 33564 Country: US

DUE BY MAY 1

4. FEI Number: 59-3673269 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MOTOLAW, Inc.

Street Address (P.O. Box Number is Not Acceptable): 50 North Laura Street

Suite 2500

City: Jacksonville FL Zip Code: 32202

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.

9. Capital Contributions as Shown on record. $300,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #	M00000002064	STREET ADDRESS	
NAME	MTEK General, LC	CITY-ST-ZIP	
STREET ADDRESS	306 W. Simonds Road		
CITY-ST-ZIP	Seagoville, TX 75159		
DOCUMENT #		STREET ADDRESS	FF $526.25
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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 Daniel Wilson 800-829-2953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #