

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90131 032 \*\*\*150.00

**DOCUMENT # F02000005325**

1. Entity Name  
**BIO-TEK STUFF, INC.**



Principal Place of Business  
**1825 NORTH ORANGE BLOSSOM TRAIL  
APOPKA FL 32703**

Mailing Address  
**P.O. BOX 940534  
MAITLAND FL 32794-0534**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **16-1631750**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MCNEAL, ROSE  
1767 BENBOW COURT  
APOPKA FL 32704**

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **HEIDEMAN, ROBERT**  
STREET ADDRESS **1767 BENBOW COURT**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Martin Hoffinger**  
STREET ADDRESS **2239 Embassy Drive**  
CITY-ST-ZIP **West Palm Beach FL 33401**

TITLE **S** ☐ Delete  
NAME **HOFFINGER, C. LORRAINE**  
STREET ADDRESS **2239 EMBASSY DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **MCNEAL, ROSE M**  
STREET ADDRESS **1767 BENBOW COURT**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED** **Rose Mc Neal**

**2-6-2003 407/886-3939**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)