

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90048 047 ***150.00

DOCUMENT # P93000072730

1. Entity Name
TEKTONICA-USA, INC.

Principal Place of Business	Mailing Address
460 BUSINESS PARKWAY.. SUITE G ROYAL PALM BEACH FL 33411	460 BUSINESS PARKWAY.. SUITE G ROYAL PALM BEACH FL 33411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
658 Indian Town Rd Suite, Apt. #, etc. 210 suite	658 Indian Town Rd Suite, Apt. #, etc. 210 Suite
Jupiter FL	Jupiter FL
Zip 33458	Zip 33458
Country	Country

4. FEI Number	Applied For
65-0770295	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCINTYRE, JEFFERY L
460 BUSINESS PARKWAY., SUITE G
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name: Jason L McIntyre
Street Address (P.O. Box Number is Not Acceptable): 3 Trinkle Creek Dr
City: Tequesta FL Zip Code: 33469

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D GUILMAN, NOEL J 1702 EAST TERRACE DRIVE LAKE WORTH FL 33460	TITLE	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	D MCINTYRE, JEFFERY L 1262 ESSEX DRIVE WELLINGTON FL 33414	TITLE	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 33469 3 Trinkle Creek Dr Tequesta Fla
TITLE	D HOFFMAN, JAMES 14984 ROAN CT WELLINGTON FL 33414	TITLE	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 4/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)