

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91687 047 \*\*\*150.00

**DOCUMENT # P93000072730**

1. Entity Name  
**TEKTONICA-USA, INC.**

Principal Place of Business  
**658 INDIANTOWN RD.  
 210 SUITE  
 JUPITER FL 33458**

Mailing Address  
**658 INDIANTOWN RD.  
 210 SUITE  
 JUPITER FL 33458**



2. Principal Place of Business

3. Mailing Address

**3 Turtle Creek Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**Tequesta FL**

4. FEI Number

**65-0770295**

Applied For

Not Applicable

Zip

Country

Zip  
**33469**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCINTYRE, JEFFERY L  
 3 TURTLE CREEK DR.  
 TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name  
**Jeffery L McIntyre**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3 Turtle 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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/02**  
 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GUILLMAN, NOEL J	1702 EAST TERRACE DRIVE	LAKE WORTH FL 33460	<input type="checkbox"/>
D	MCINTYRE, JEFFORY L	3 TURTLE CREEK DR.	TEQUESTA FL 33469	<input type="checkbox"/>
D	HOFFMAN, JAMES	14984 ROAN CT	WELLINGTON FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Jeffery L McIntyre** **4/30/02** **561-745-2858**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)