

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90028 050 \*\*\*150.00

**DOCUMENT # P98000037003**

1. Entity Name

**ELTECH, INC.**

Principal Place of Business

Mailing Address

**19 AUGUSTA TRAIL  
 PALM COAST FL 32137  
 US**

**138 PALM COAST PKY NE  
 STE 334  
 PALM COAST FL 32137-8241  
 US**

**714651**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**PALM COAST FL**

4. FEI Number

**59-3517086**

Applied F

Not Appli

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

**32137-1435**

**US**

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

**SPEED, JERRY D  
 145 HORIZON COURT  
 LAKELAND FL 33813**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 M** Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, EDWARD W</b>	
STREET ADDRESS	<b>19 AUGUSTA TRAIL</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, CLARIET J</b>	
STREET ADDRESS	<b>19 AUGUSTA TRAIL</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ANTICOLI, KAREN L</b>	
STREET ADDRESS	<b>1350 SEMINARY VIEW DR</b>	
CITY-ST-ZIP	<b>CENTERVILLE OH 45458</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASAY, SUSAN K</b>	
STREET ADDRESS	<b>471 EL GRANADA BLVD</b>	
CITY-ST-ZIP	<b>EL GRANADA CA 94018-2674</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, EDWARD J</b>	
STREET ADDRESS	<b>3561 RESERVE DR</b>	
CITY-ST-ZIP	<b>POLAND OH 44514-3381</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward W. Long Edward W. Long Feb 12, 2000 904-1  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #