

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90977 013 ***150.00

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DOCUMENT # P01000071882

1. Entity Name
SERTEC CORPORATION



Principal Place of Business
**5348 GLASGOW CIR
ORLANDO FL 32819**

Mailing Address
**5348 GLASGOW CIR
ORLANDO FL 32819**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEIN **22-3872142** ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

Applied For
Not Applicable

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

**MONRROY, BLANCA
5348 GLASGOW CIR
ORLANDO FL 32819**

CHANGE TO MARRIED NAME

Name
Sanchez, Blanca, I
Street Address (P.O. Box Number is Not Acceptable)
5348 Glasgow Circle
Orlando, FL 32819
City **Orlando, FL** Zip Code **FL 32819**

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 Blanca I Sanchez, Pres DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **MONRROY, BLANCA**
STREET ADDRESS **5348 GLASSGOW CIR**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **P S D** ☒ Change ☐ Addition
NAME **Sanchez, Blanca I**
STREET ADDRESS **5348 Glasgow Circle**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 address with all other like empowered.

SIGNATURE: Blanca I Sanchez, President 4/26/03 407-345-5369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)