## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

296602

1. Entity Name MEK-TEK INC



Apr 10, 2003 8:00 am Secretary of State
04-10-2003 90060 014 \*\*\*150.00

FILED

Principal Place of Business Mailing Address 2600 KINGSWOOD DR NE 2600 KINGSWOOD DR NE PALM BAY FL 32905 PALM BAY FL 32905 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-1103925 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BOURNE**, LEATHA Street Address (P.O. Box Number is Not Acceptable) 3580 SERENITY LANE **MELBOURNE FL 32904** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change TITLE ☐ Delete TITLE HILLYER, STANLEY NAME NAME 9880 RIVERVIEW DR STREET ADDRESS STREET ADDRESS MICCO FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DP ☐ Delete TITLE **BOURNE, LEATHA** NAME 3580 SERENITY LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL TITLE DVS ☐ Delete TITLE Change ☐ Addition NAME MARTIN, TOMMY NAME 971 HUTCHINS ST. S.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL TITLE Change ☐ Addition ☐ Delete TITLE MILLER, DONALD NAME NAME 1304 ELCON DR STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE

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.

STREET ADDRESS CITY-ST-ZIP

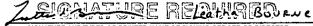
NAME

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP



4-8.0

321-723-9161

Daytime Phone #

CR2E034 (10/02)