

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 693410

1. Entity Name

HI-TEC ENGINEERING CONCEPTS, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90202 029 \*\*\*158.75

Principal Place of Business

Mailing Address

7676 JIMCOCA DR  
ORLANDO FL 32819  
US

7676 MUNICIPAL DR  
ORLANDO FL 32819-8928  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7676 MUNICIPAL DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number 59-2135113

Applied For  
Not Applicable

Zip

Country

Zip

Country

32819

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

BRADLEY, A.S.  
7505 SOMERSET SHORES COURT  
ORLANDO FL 32819

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 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	BRADLEY, A.S.	7505 SOMERSET SHORES CT.	ORLANDO FL				
VT	REED, CHARLES W	5340 LOCH PLACE	LAKELAND FL				
V	PARDEE, JANINE M.	1412 LAKE WELDONA DR.	ORLANDO FL				
VS	GONZALEZ, JOSEPH M.	5332 GLENMORE DRIVE	LAKELAND FL				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

V/P

1-25-00 863-644-8200

CR2E034 (9/99)