

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90048 019 \*\*\*150.00

**DOCUMENT # F02000001641**

1. Entity Name  
**SURTECH INC.**



Principal Place of Business  
**1720 EL JOBEAN RD., STE. 111  
PORT CHARLOTTE FL 33948**

Mailing Address  
**2430 KINTAIL CT.  
PT. CHARLOTTE FL 33980**

2. Principal Place of Business  
**24304 KINTAIL CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**24304 KINTAIL CT**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**PORT CHARLOTTE FL**  
Zip  
**33980**  
Country  
**USA**

City & State  
**PORT CHARLOTTE FL**  
Zip  
**33980**  
Country  
**USA**

4. FEI Number **02-0411955**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VELAPOLDI, FRANK M  
24304 KINTAIL CT.  
PORT CHARLOTTE FL 33980**

**7. Name and Address of New Registered Agent**

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. 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)

DATE

**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**

TITLE **DPT** ☐ Delete  
NAME **VELAPOLDI, FRANK M**  
STREET ADDRESS **24304 KINTAIL CT.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **S** ☐ Delete  
NAME **GOLDMAN, STEPHEN R**  
STREET ADDRESS **46 N. STATE ST.**  
CITY-ST-ZIP **CONCORD NH 03302**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

*Frank M. Velapoldi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 1, 2003*

Date

*(941) 235-4449*

Daytime Phone #

CR2E034 (10/02)