

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003731

1. Entity Name

GYM-TEC SERVICES, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90092 019 \*\*\*150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 49256  
SARASOTA FL 34230-6256

POST OFFICE BOX 49256  
SARASOTA FL 34230-6256

2. Principal Place of Business

3. Mailing Address

1029 Schooner Lane

P.O. Box 1291

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood FL

Zip

34224

Country

U.S.

Zip

34224

Country

U.S.

4. FEI Number

38-3019852

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

GREGORIA, RIC ESQ.  
200 S. ORANGE AVE.  
SARASOTA FL 34236

Name

Michael D. LOUDEN

Street Address (P.O. Box Number is Not Acceptable)

1029 Schooner Lane

City

Englewood

FL

Zip Code

34224

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

*Michael D. Loudon*

Michael D. Loudon President

x 3/14/00.

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 CPST ☒ Delete  
NAME MONTAGANO, PATRICK V  
STREET ADDRESS 7131 SOUTHGATE CT  
CITY-ST-ZIP SARASOTA FL 34243

TITLE CPST ☒ Change ☐ Addition  
NAME LOUDEN, MICHAEL D.  
STREET ADDRESS 1029 Schooner Lane  
CITY-ST-ZIP Englewood, FL 34224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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:

*Michael D. Loudon*

MICHAEL D. LOUDON  
PRESIDENT

x 3/14/00

x 941-474-6139.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)