

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000363

1. Entity Name

STRUCTEL INTERNATIONAL CORPORATION

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90002 031 ***150.00

Principal Place of Business Mailing Address
1 BEACH DR SE - #220 1 BEACH DR SE - #220
ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701

80100979

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0806343		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
	USA		USA				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS C. ROBERGE		Name	
1 BEACH DR SE - #220		Street Address (P.O. Box Number is Not Acceptable)	
ST. PETERSBURG, FL 33701			
		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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEITZKE, PETER	NAME	
STREET ADDRESS	1 BEACH DR SE - #220	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UCKERT, MARCO	NAME	
STREET ADDRESS	1 BEACH DR SE - #220	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEITZKE, KARW	NAME	
STREET ADDRESS	1 BEACH DR SE - #220	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: THOMAS C. ROBERGE, REG'D AGENT 4/30/00 727/822-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #