

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003936

1. Entity Name

AMITEK CORPORATION

Principal Place of Business

1701 CLINT MOORE ROAD
BOCA RATON FL 33587

Mailing Address

1701 CLINT MOORE ROAD
BOCA RATON FL 33487-2755

2. Principal Place of Business

6500 Congress Ave

Suite, Apt. #, etc.

3. Mailing Address

6500 Congress Ave

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip 33487

Country

PBC

City & State

Boca Raton, FL

Zip

33487

Country

PBC

4. FEI Number

06-1553076

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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)

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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.

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\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME SAINSBURY, LESLIE J
STREET ADDRESS 274 CEDAR HILL ROAD
CITY-ST-ZIP MARLBOROUGH MA 01752

☐ Delete

TITLE ST
NAME ROLLER, JAMES M
STREET ADDRESS 274 CEDAR HILL ROAD
CITY-ST-ZIP MARLBOROUGH MA 01752

☐ Delete

TITLE D
NAME MCEWAN, IAN
STREET ADDRESS 274 CEDAR HILL ROAD
CITY-ST-ZIP MARLBOROUGH MA 01752

☐ Delete

TITLE D
NAME CONROY, WALTER
STREET ADDRESS 3240 SCOTT BOULEVARD
CITY-ST-ZIP SANTA CLARA CA 95054

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 #

3-15-00

CE2524 / 000