

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003936

1. Entity Name

AMITEK CORPORATION

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90316 050 \*\*\*150.00

Principal Place of Business

6500 CONGRESS AVE  
BOCA RATON FL 33487

Mailing Address

6500 CONGRESS AVE  
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1553070

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

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

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, 2001 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 PD ☒ Delete  
NAME SAINSBURY, LESLIE J  
STREET ADDRESS 274 CEDAR HILL ROAD  
CITY-ST-ZIP MARLBOROUGH MA 01752

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☒ Change ☐ Addition  
NAME WAITER J. CONROY  
STREET ADDRESS 6500 CONGRESS AVENUE  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Change ☒ Addition  
NAME CONTROLLER  
STREET ADDRESS JOSE L. YANEZ  
CITY-ST-ZIP 6500 CONGRESS AVENUE BOCA RATON FL 33487

TITLE ☐ Change ☒ Addition  
NAME VICE PRESIDENT  
STREET ADDRESS EDWARD SWANSON  
CITY-ST-ZIP 6500 CONGRESS AVENUE BOCA RATON FL 33487

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

4/24/01 561-982-8349  
Date Daytime Phone #

CR2E034 (10/00)