

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005418

1. Entity Name

AZTEK SOLUTIONS, INCORPORATED

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90415 030 \*\*\*158.75

Principal Place of Business

2118 BRIDGEVIEW CIRCLE  
ORLANDO FL 32824

Mailing Address

2118 BRIDGEVIEW CIRCLE  
ORLANDO FL 33324-5701

2. Principal Place of Business

768 HARRIER CRT  
Suite, Apt. #, etc.

3. Mailing Address

768 HARRIER CRT  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VIERA, FL

City & State

VIERA, FL

4. FEI Number

38-3489699

Applied For

Not Applicable

Zip

Country

32955

USA

Zip

Country

32955

USA

5. Certificate of Status Desired

☒ \$8.75-Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALARCON, HAROLD  
2118 BRIDGEVIEW CIRCLE  
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name JENNIFER SCHMIDT

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

City VIERA

FL

Zip Code 32955

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

4/18/00

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

TITLE PC  
NAME ALARCON, HAROLD  
STREET ADDRESS 8131 SW 34TH STREET  
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

TITLE VCV  
NAME SCHMIDT, JENNIFER  
STREET ADDRESS 768 HARRIER COURT  
CITY-ST-ZIP VIERA FL 32955 ☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC  
NAME HAROLD ALARCON  
STREET ADDRESS 8131 NOVA DR.  
CITY-ST-ZIP DAVIE, FL 33324 ☒ Change ☐ Addition

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  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/18/00 321 631 1656