

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000005418**1. Entity Name  
**AZTEK SOLUTIONS, INCORPORATED**

Principal Place of Business 768 HARRIER CRT  VIERA 32955	FL	Mailing Address 768 HARRIER CRT  VIERA 32955	US	FL
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2. Principal Place of Business 300 HOLLY GREEN LANE	3. Mailing Address 300 HOLLY GREEN LANE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State HOLLY SPRINGS NC	City & State HOLLY SPRINGS NC
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Zip 27540	Country US	Zip 27540	Country US
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4. FEI Number  
**38-3489699**  
Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SCHMIDT JENNIFER**  
768 HARRIER CRT**VIERA FL**  
32955**7. Name and Address of New Registered Agent**Name  
**ALARCON HAROLD LMR**Street Address (P.O. Box Number is Not Acceptable)  
**8131 NOVA DRIVE**City  
**DAVIE FL** Zip Code  
**33324**

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 **HAROLD L ALARCON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/16/2001**

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**

TITLE	VCV	<input type="checkbox"/> Delete
NAME	SCHMIDT JENNIFER	
STREET ADDRESS	768 HARRIER COURT	
CITY-ST-ZIP	VIERA FL 32955	

TITLE	PC	<input type="checkbox"/> Delete
NAME	ALARCON HAROLD	
STREET ADDRESS	8131 NOVA DR	
CITY-ST-ZIP	DAVIE FL 33324	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VCV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT JENNIFER	
STREET ADDRESS	300 HOLLY GREEN LANE	
CITY-ST-ZIP	HOLLY SPRINGS NC 27540	

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALARCON HAROLD	
STREET ADDRESS	6110 FARMBROOK	
CITY-ST-ZIP	DETROIT MI 48224	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jennifer J Schmidt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VCV

01/16/2001

Date

Daytime Phone #

CR2E034 (11/00)