

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006084

1. Entity Name
UTEK CORPORATION



Principal Place of Business
202 SOUTH WHEELER STREET
PLANT CITY, FL 33563

Mailing Address
202 SOUTH WHEELER STREET
PLANT CITY, FL 33563



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3603677

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REIBER, SAM I
601 E TWIGG ST
TAMPA, FL 33602

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GROSS, CLIFFORD M PHD 202 SOUTH WHEELER STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GYIMAH-BREMPPONG, KWABENA PHD 202 SOUTH WHEELER STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPNIK, ARTHUR 500 E 77TH ST #1826 NEW YORK, NY 10162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITTER, KEITH 202 SOUTH WHEELER STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, STUART 202 SOUTH WHEELER STREET PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WRIGHT, CAROLE 202 S WHEELER STREET PLANT CITY, FL 33563

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01/31/05-80076-017 150.00

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12. 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 10 or Block 11 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 #