

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H15127

1. Entity Name

ZYTEK, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90060 045 ***150.00

Principal Place of Business

380 S NORTH LAKE BLVD
SUITE 1014
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

380 S NORTH LAKE BLVD
SUITE 1014
ALTAMONTE SPRINGS FL 32751-7138
US

2. Principal Place of Business

901 N LAKE DESTINY DR
SUITE 126

3. Mailing Address

901 N LAKE DESTINY DR
SUITE 126

City & State

MAITLAND, FL

City & State

MAITLAND, FL

Zip

32751

Country

US

Zip

32751

Country

US

4. FEI Number

59-2440452

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

JAMES, MICHAEL T.
1754 COCOPLUM CT
LONGWOOD FL 32779

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, DANA J.	
STREET ADDRESS	7439 HOUSTON COURT E	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KANGAS, JON M.	
STREET ADDRESS	501 VIHLEN ROAD	
CITY-ST-ZIP	SANFORD FL	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	JAMES, MICHAEL T.	
STREET ADDRESS	380 S. NORTHLAKE BLVD- 31014	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	CHARTERS, ARLEN E.	
STREET ADDRESS	380 S. NORTHLAKE BLVD- 31014	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
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"/> 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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 407-339-9363

CR2E034 (9/99)