

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90045 017 ***150.00

DOCUMENT # H70854

1. Entity Name

OMNITECH DESIGNS, INC.

Principal Place of Business

6722 NW 18TH DR
1
GAINESVILLE FL 32653
US

Mailing Address

6722 NW 18TH DR
GAINESVILLE FL 32653
US

SUITE #1

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE #1

Suite, Apt. #, etc.

SUITE #1

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2573407**

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

DANIEL, THOMAS A.
623 MAIN ST
SUITE C-4
GAINESVILLE FL 32601

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KRATKA, FRED	2312 N.W. 177TH AVENUE	GAINESVILLE FL	<input type="checkbox"/>
D	KRATKA, TERRI	2312 N.W. 177TH AVENUE	GAINESVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	KRATKA, FRED	1705 NW 57TH ST	GAINESVILLE FL 32605	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	KRATKA, TERRI	1705 NW 57TH ST	GAINESVILLE FL 32605	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

FRED KRATKA

PRES

Date

3/23/01

Daytime Phone #

352 378 3408

CR2E034 (10/00)