

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J11367

1. Entity Name

Atek Software, Inc.

W02-17574

FILED

02 JUL -5 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

34 E. Main Street

Suite, Apt. #, etc.

3. Mailing Address

34 E. Main Street

Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Apopka, Florida

Zip

32703

Country

Zip

32703

Country

4. FEI Number

59-2781869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William Boyd

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

34 E. Main Street

City

Apopka

FL

Zip Code
32703

**DO NOT WRITE
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/1/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Boyd, William G. 630 Iris Street Altamonte Springs, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Boyd, JoAnn 620 Iris Street Altamonte Springs, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Boyd Randall G. 630 Iris Street Altamonte Springs, FL
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CITY-ST-ZIP

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IN THIS SPACE**

7/1/02

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

Date

407 886-7151

Daytime Phone #