

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23581

1. Entity Name

P-TECH, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90121 004 ***150.00

Principal Place of Business

Mailing Address

% CHERYL E. SASSARD
4215 SOUTHPOINT BLVD. #100
JACKSONVILLE FL 32216
US

% CHERYL E. SASSARD
4215 SOUTHPOINT BLVD. #100
JACKSONVILLE FL 32216-6191
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville FL

32255

Country

Zip

32255

Country

4. FEI Number

59-2693637

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

SASSARD, CHERYL E.
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

Name Cheryl E. Sassard
Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Road
Building 100
City Jacksonville FL Zip Code 32256

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

Cheryl E. Sassard

3/15/00

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	PS	<input type="checkbox"/> Delete
NAME	SASSARD, CHERYL E.	
STREET ADDRESS	4215 SOUTHPOINT BLVD #100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIDOW, MALCOLM	
STREET ADDRESS	4215 SOUTHPOINT BLVD #100	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DAVIDOW, SETH	
STREET ADDRESS	4215 COURTHPOINT BLVD. #100	
CITY-ST-ZIP	JACKSONVILLE FL	
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	Pls	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sassard, Cheryl E.	
STREET ADDRESS	5150 Belfort Road #100	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davidow, Malcolm	
STREET ADDRESS	5150 Belfort Road #100	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davidow, Seth	
STREET ADDRESS	5150 Belfort Road #100	
CITY-ST-ZIP	Jacksonville, FL 32256	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cheryl E. Sassard

CR2E034 (9/99)