

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90131 028 ***150.00

0492329 AV

DOCUMENT # J59053

1. Entity Name

MIL-TEC USA, INC.

Principal Place of Business

**2213 ANDREA LANE
 SUITE 105
 FORT MYERS FL 33912**

Mailing Address

**2213 ANDREA LANE
 SUITE 105
 FORT MYERS FL 33912**

2. Principal Place of Business

5578 6TH ST. W

Suite, Apt. #, etc.

3. Mailing Address

5578 6TH ST. W.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

Zip **33971**

Country **USA**

City & State

LEHIGH ACRES, FL

Zip **33971**

Country **USA**

4. FEI Number

59-2806372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLUECKIGER, RUDY
 2213 ANDREA LANE SUITE 105
 FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name

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

6812 GRIFFIN BLVD

City

FT MYERS

FL

Zip Code

33908

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, 2002 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

TITLE **DC** ☐ Delete
 NAME **FLUECKIGER, RUDY**
 STREET ADDRESS **6812 GRIFFIN BLVD.**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **DV** ☐ Delete
 NAME **FLUECKIGER, SUE J.**
 STREET ADDRESS **6812 GRIFFIN BLVD.**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2002

941-369-2880

CP2E034 (9/01)