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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K23166

(7)

1. Corporation Name:
UTAC CORPORATION, INC.



Principal Place of Business:

~~SCOTT A. CHAMPION~~
4530 MATCH POINT LANE
FORT MYERS FL 33919

Mailing Address:

~~SCOTT A. CHAMPION~~
4530 MATCH POINT LANE
FORT MYERS FL 33919-4407

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 4074-78 Princeton St

27 Apt 8

28 Ft Myers

29 33901 30 Lee

3. Date Incorporated or Qualified
05/06/1988

3a. Date of Last Report
04/09/1996

4. FEI Number
65-0049804

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAMPION, SCOTT A.
4530 MATCH POINT LANE
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
KIMBERLY CHAMPION

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

~~4530 MATCH POINT LANE~~

83 4074-78 Apt 8 Princeton St

84 City
FORT MYERS

FL

85 Zip Code
33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Kimberly Champion PSTD

3/18/97

12. OFFICERS AND DIRECTORS

11 TITLE ☒ DELETE

NAME
CHAMPION, SCOTT A.
STREET ADDRESS
4530 MATCH POINT LANE
CITY-ST-ZIP
FORT MYERS FL

12 TITLE ☐ DELETE

NAME
CHAMPION, KIMBERLY
STREET ADDRESS
4530 MATCH POINT LANE
CITY-ST-ZIP
FORT MYERS FL

13 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE PSTD

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 on Block 12 or Block 13 or I changed, or on an attachment with an address.

SIGNATURE: Kimberly Champion
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)