

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K88642

1. Entity Name

SURETY TEKNICIANS, INC.

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90499 045 ***158.75

0519524

Principal Place of Business

4410 N. 56TH ST.
TAMPA FL 33610

Mailing Address

4410 N. 56TH ST.
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2944831

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROGERS, EVELYN D
4410 N 56TH ST
TAMPA FL 33610

7. Name and Address of New Registered Agent

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

EVELYN D. ROGERS, Evelyn D Rogers

2/20/01

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 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 D
NAME ELIA, ALBERT
STREET ADDRESS 15832 SANCTUARY DR
CITY-ST-ZIP TAMPA FL



TITLE PT
NAME ELIA, ALBERT
STREET ADDRESS 15832 SANCTUARY DR
CITY-ST-ZIP TAMPA FL



TITLE VSD
NAME ROGERS, EVELYN
STREET ADDRESS 8801 HUNTER LAKE DR., #823
CITY-ST-ZIP TAMPA FL



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE D/P/S/T
NAME EVELYN D. ROGERS
STREET ADDRESS 18828 DUQUESNE DRIVE
CITY-ST-ZIP TAMPA, FL 33647



TITLE D/V
NAME DINA MARINARO
STREET ADDRESS 5100 BURCHETTE RD, #501
CITY-ST-ZIP TAMPA, FL 33647



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
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: EVELYN D. ROGERS, Evelyn D Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-740-2550

CR2E034 (10/00)