

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90499 045 \*\*\*158.75

0519524

**DOCUMENT # K88642**

1. Entity Name

**SURETY TEKNICIANS, INC.**

Principal Place of Business

Mailing Address

4410 N. 56TH ST.  
TAMPA FL 33610

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



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2944831**

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

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

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* DATE: *2/20/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE	NAME	TITLE	NAME
	D ELIA, ALBERT 15832 SANCTUARY DR TAMPA FL	<input checked="" type="checkbox"/> Delete	D/P/S/T EVELYN D. ROGERS 18828 DUQUESNE DRIVE TAMPA, FL 33647
	PT ELIA, ALBERT 15832 SANCTUARY DR TAMPA FL	<input checked="" type="checkbox"/> Delete	D/V DINA MARINARO 5100 BURCHETTE RD, # 501 TAMPA, FL 33647
	VSD ROGERS, EVELYN 8801 HUNTER LAKE DR., #823 TAMPA FL	<input checked="" type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	

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* DATE: *2/20/01* DAYTIME PHONE #: *813-740-2550*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/00)