

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90138 027 ***158.75

DOCUMENT # K88642

1. Entity Name

SURETY TEKNICIANS, INC.



Principal Place of Business

~~4419~~ N. 56TH ST.
TAMPA FL 33610

Mailing Address

~~4419~~ N. 56TH ST.
TAMPA FL 33610

2. Principal Place of Business

4318 N. 56th ST.

3. Mailing Address

4318 N. 56th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2944831

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROGERS, EVELYN D

~~4419~~ N 56TH ST
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

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

4318 N. 56th STREET

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Evelyn D. Rogers
Signature, typed or printed name of registered agent and, if applicable,

(EVELYN D. ROGERS)

(NOTE: Registered Agent signature required when reinstating)

4/1/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **ROGERS, EVELYN D**
STREET ADDRESS **~~18828~~ DUQUESNE DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **DV** ☐ Delete
NAME **MARINARO, DINA**
STREET ADDRESS **5100 BURCHETTE RD #501**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18828 Duquesne Drive**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18828 Duquesne Drive**
CITY-ST-ZIP **Tampa, FL 33647**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Evelyn D. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(EVELYN D. ROGERS)

Date

Daytime Phone #

4/1/03 813-740-2550

CR2E034 (10/02)