

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90111 007 ***150.00

DOCUMENT # L28892

1. Entity Name

M-TECH SOUTH, INC.

Principal Place of Business

Mailing Address

11990 NE HWY 316
FT MCCOY FL 32134
US

11990 NE HWY 316
FT MCCOY FL 32134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2987084

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLIFFORD, MAYNARD R
14950 NW GAINESVILLE RD
REDDICK FL 32686

Name

CLIFFORD R MAYNARD

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

16485 N.E. 137 TERR

City

FT. McCoy

FL

Zip Code

32134

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, 2000 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 P
NAME MAYNARD, CLIFFORD R.
STREET ADDRESS 14950 NW GAINESVILLE RD PO BOX 468
CITY-ST-ZIP REDDICK FL 32686 ☐ Delete

TITLE P
NAME CLIFFORD R. MAYNARD ☐ Change ☐ Addition
STREET ADDRESS 16485 N.E. 137 TERR.
CITY-ST-ZIP FT. McCoy FL 32134

TITLE V
NAME STUMP CLEDIS
STREET ADDRESS 11990 NE HWY 316
CITY-ST-ZIP FT. MCCOY FL ☐ Delete

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

TITLE ST
NAME STUMP, CLARA A
STREET ADDRESS 11990 N.E. HWY 316
CITY-ST-ZIP FT. MCCOY FL ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: Clifford R. Maynard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-00
Date

Daytime Phone #

CR2E034 (9/99)