

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L43571**

1. Entity Name

SUNTECH 3, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90002 007 ***150.00

Principal Place of Business

**222 S WESTMONTE DR
SUITE 309
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**222 S WESTMONTE DR
SUITE 309
ALTAMONTE SPRINGS FL 32714-4269
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2984510

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

**KOVATCH, MARYE ANN
105 BILL CIRCLE
DAYTONA BEACH FL 32124**

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

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	<input type="checkbox"/> Delete
NAME	KOVATCH, MARYE ANN	
STREET ADDRESS	105 BILL CR.	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	V.	<input type="checkbox"/> Delete
NAME	BROWN, KEVIN J-	
STREET ADDRESS	336 BUTTONWOOD DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marye Ann Kovatch **MARYE ANN KOVATCH** 1-28-00 407-862-1144

CR2E034 (9/99)