## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # M94438 Feb 28, 2000 8:00 am **Secretary of State** SEPTRONICS INTERNATIONAL OF FLA., INC. 02-28-2000 90186 014 \*\*\*150.00 Principal Place of Business Mailing Address 375 ROBERTS ROAD 375 ROBERTS RD OLDSMAR FL 34677-4914 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For \_City & State City & State 4. FEI Number <del>-11 2326330 -</del> Not Applicable Country \$8.75 Additional Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEPE, CHRIS JR Street Address (P.O. Box Number is Not Acceptable) 1195 MISTWOOD DR. **TARPON SPRINGS FL 34689** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, ☐ Addition ☐ Delete TITI F SEPE, CHRIS NAME NAME STREET ADDRESS STREET ADDRESS 1195 MISTWOOD DR. CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34689** ☐ Addition Change TITLE ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Karajan Arkas CITY-ST-ZIP 122 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered. e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

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