

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90033 012 ***550.00

DOCUMENT # P00000027527

1. Entity Name
YOURTECHS, INC.

Principal Place of Business

**801 CHELLO AVENUE, N.E.
 PALM BAY FL 32905**

Mailing Address

**801 CHELLO AVENUE, N.E.
 PALM BAY FL 32905**

AU086439



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

704 KENILWORTH CIR

3. Mailing Address

704 KENILWORTH CIR

Suite, Apt. # etc.

#104

Suite, Apt. #, etc.

#104

City & State

LAKE MARY, FL

City & State

LAKE MARY, FL

4. FEI Number

59-3633691

Applied For

Not Applicable

Zip

32746

Country

UNITED STATES

Zip

32746

Country

UNITED STATES

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARSUAGA, MIKE J

801 CHELLO AVENUE, N.E.

PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

ARSUAGA, MIKE J.

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

704 KENILWORTH CIRCLE

#104

City

LAKE MARY

FL

Zip Code

32746

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 *Mike Arsuaga* **MIKE ARSUAGA, PRESIDENT**

08-30-2001

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. ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE J. ARSUAGA
STREET ADDRESS	704 KENILWORTH CIRCLE #104
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Mike Arsuaga **MIKE ARSUAGA, PRESIDENT**

08-30-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)