## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P00000034800 DOCUMENT #

1. Entity Name

Principal Place of Business

2215 INDUSTRIAL BLVD.

CHELTEC INTERNATIONAL, INC.



Mailing Address

2215 INDUSTRIAL BLVD.

04-10-2003 90131 008 \*\*\*150.00



SARASOTA FL 34234 SARASOTA FL 34234								! <b>       </b>						
2. Principal P	lace of Busin	ess	3. Mailing Address					<b>         </b>		<b>!</b>				<b>4</b>
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State	e		City & State				4.	4. FEI Number 65-0996944					Applied For Not Applicable	
Zip	p Country			Zip		Country 5		. Certifica	ate of Status	Desired			8.75 Ad	ditional
	6. Name		٠ ـــــــ ١	- 7.	Name a	nd Address	of New f	Register	red Ag	ent- 🧸 -				
SAVARY, JOHNSON S ESQ. 22 SOUTH LINKS AVENUE						Name Street Address (P.O. Box Number is Not Acceptable)								
SUITE 300													·	
SARASOTA FL 34236						City FL						Zip Cod	Zip Code	
the obligati	ions of regist	r submits this statement for t ered agent.	he purpos	se of changing its re	egistere	ed office or i	registered a	agent, or b	ooth, in the S	State of Fl	orida. I	am far	niliar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applic	able. (NOTE:	Registere	d Agent signatur	e required when	reinstating)			DA	TE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Car Trust Fund (	Contributio	on.		Ådde	00 May Be d to Fees
10.	OFFICERS AND DIRECTORS					<del></del>	Α	NOITION	IS/CHANGE	S TO OFF	ICERS	AND D	IRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANCY, 2215 INDU SARASOT/	strial blvd.		□ Delete		1						[	☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	D DOTY, RO 2215 INDU SARASOT/	strial blvd.	_	<b>☒</b> Delete									_ Change	☐ Addition
NAME	D MORTON, 2215 INDU SARASOTA	strial BLVD.		□ Delete	NAM STRE	E Et address -St-Zip	- ಭ್ರಗಾಮಗ	- برگیده	∵ ೯೩ಭ್.	~ <b></b>		ا تحصر م	*Chânge	Addition
TITLE NAME Street address City-St-Zip			_	☐ Delete									Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete									Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							-		Change	☐ Addition

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: