

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038978

1. Entity Name

ZARTECH SYSTEMS, INC.



Principal Place of Business
1400 N. HARBOR CITY BLVD.
MELBOURNE FL 32901

Mailing Address
1400 N. HARBOR CITY BLVD.
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ZARSKI, CHRISTOPHER J
1208 CIMARRON CIRCLE NE
PALM BAY FL 32905

4. FEL Number

59-3436855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: CHRISTOPHER J ZARSKI
STREET ADDRESS: 15975 HUNNELL TRAIL
CITY-ST-ZIP: DALLAS, TX 75248 PPT. 720

☐ Delete

TITLE: V.P.
NAME: JOHN L. ZARSKI
STREET ADDRESS: 1208 CIMARRON CIRCLE NE
CITY-ST-ZIP: PALM BAY, FL 32905

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

John L. Zarski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/
FILED
Mar 01, 2001 8:00 am
Secretary of State

01-31-2001 90297 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)