## **2001 UNIFORM BUSINESS REPORT (UBR)** May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000078988 1. Entity Name TEKTONICA, INC. 05-11-2001 90298 050 \*\*\*150.00 Principal Place of Business Mailing Address 1460-G BUSINESS PARKWAY 1460-G BUSINESS PARKWAY ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 3. Mailing Address 2. Principal Place of Business Indiantoun 658 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 210 0 Applied For City & State EEt Number FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3458 ISA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Guillama Noel GULLAMA, NOEL J Address (P.O. Box Number is Not Acceptable) 210 1460-G BUSINESS PARKWAY ndian town **ROYAL PALM BEACH FL 33411** DUO 141 ose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named ent **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do 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 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition Guillamon, Nocl J D ☐ Delete TITLE TITLE GULLAMA, NOEL J NAME NAME 1.58 Indiantoun Rd. 5k 1460-G BUSINESS PARKWAY STREET ADDRESS STREET ADDRESS Spike FL 33458 CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP Mc/ntyre Jeffery L. Delete TITLE TITLE MC INTYRE, JEFFERY L NAME NAME tuthe-creek-dy-Tegusta STREET ADDRESS 1460-G BUSINESS PARKWAY STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP-Hoffman James ☐ Addition □ Delete TITLE TITLE HOFFMAN, JAMES NAME NAME 34 ROAN CH 1460-G BUSINESS PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F 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-7IP CITY-ST-ZIP does not really for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director executify this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if leg like and the same legal effect as if made under oath; that I am an officer or director 13. I hereby certify that the information sug lied with this filing indicated on this report or suppleme of the corporation or the receive

changed, or on an attachmen

SIGNATUE

AND TYPES OR PE

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: