## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000085266 1. Entity Name KURTEX ENTERPRISES INC. 05-02-2001 90220 031 \*\*\*155.00 Principal Place of Business Mailing Address 3409 CORONADO DR APT 1909 3409 CORONADO DR APT 1909 SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business SARASOTA 3. Mailing Address 3215 ASHFON ROAD 3215 ASHTON ROAD, FL 34231 SARASOTA FL 34231 - Suite, Apt. #, etc. --Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 🍃 City & State City & State 4. FEI Number Applied For SARASOVA, FLORIDA SARASOFA Not Applicable Country U.S.A. Country U.S.A. \$8.75 Additional 5. Certificate of Status Desired 34231 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KURTEK RICHARD KURTEK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3409 CORONADO DR APT 1909 SARASOTA FL 34231 ROAD 3215 ASHFON 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. Change 1 Addition ☐ Delete TITLE KURTEK RICHARD KURTEK, RICHARD NAME NAME 3215 A SHTON RD STREET ADDRESS 3409 CORONADO DR APT 1909 STREET ADDRESS SANASOTA FL34231 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-26 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.