

FILED
May 17, 2001 8:00 am
Secretary of State

04-17-2001 90071 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092193

1. Entity Name

AIMTEK SYSTEMS, INC.

Principal Place of Business

P.O. BOX 510820
PUNTA GORDA FL 33951-0820

Mailing Address

P.O. BOX 510820
PUNTA GORDA FL 33951-0820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3676464

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSEN, RONALD L
 3517 ROSEAU DRIVE
 PUNTA GORDA FL 33950

Name OLSEN, RONALD L
 Street Address (P.O. Box Number is Not Acceptable)

2246 DEBORAH DRIVE
 City PUNTA GORDA FL Zip 33950

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. ☐ \$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete
 NAME MICHAEL L OLSEN
 STREET ADDRESS 3517 ROSEAU DR
 CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE SECRETARY ☐ Delete
 NAME RONALD L OLSEN
 STREET ADDRESS 2246 DEBORAH DR
 CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RONALD L. OLSEN

04/12/2001 941
 639-0888

CR2034 (10/00)