

3/8/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-08-2001 90107 010 ***150.00

DOCUMENT # P00000095695

1. Entity Name

REALTEK CORPORATION

Principal Place of Business

1130 LUCERNE AVE
CAPE CORAL FL 33904

Mailing Address

1130 LUCERNE AVE
CAPE CORAL FL 33904

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Cape Coral

Zip

Country

Zip

Country

33904

U.S.A.

4. FEI Number

- Applied for -

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

BERGMANN, MICHAELA
2712 SW 42ND LANE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

BEVERLY PHILIPS

Street Address (P.O. Box Number is Not Acceptable)

1411 E. Cape Coral Pkwy

City

Cape Coral

FL

Zip Code

33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee is 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROY BOWEY 2.5.2001 +4 2151 875941



DO NOT WRITE IN THIS SPACE

4/5/01

CR2E034 (10/00)