

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097896

1. Entity Name
BAKFLO TEK, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90282 038 ***158.75

Principal Place of Business
13391-113 GATEWAY DRIVE
FT MYERS FL 33919

Mailing Address
PO BOX 07013
FT MYERS FL 33919



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

65-1045711

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

HARLACHER, PAMELA E
13391-113 GATEWAY DRIVE
FT MYERS FL 33919

Name

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

City

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.

04/20/01

SIGNATURE

Pamela E. Harlacher Pamela E. Harlacher, Vice President & Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
PICCA, FRANCESCO
PO BOX 7392
FT MYERS FL 33911 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVD
HARLACHER, PAMELA E
PO BOX 07013
FT MYERS FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVS
Harlacher, Pamela E.
PO Box 07013
Ft. Myers, FL 33919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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TITLE
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francesco Picca

Date

4/20/01

Daytime Phone #

CR2E034 (10/00)