

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097929

1. Entity Name
NTEK OF PALM COAST, INC.

Principal Place of Business

3 WAYWELL PLACE
PALM COAST FL 32164

Mailing Address

3 WAYWELL PLACE
PALM COAST FL 32164

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3676177

Applied For

Not Applicable

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

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

Name

GEORGE W. BROWN

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

3 WAYWELL PLACE

City

PALM COAST

FL

Zip Code

32164

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

George W. Brown

GEORGE W. BROWN VICE PRESIDENT

4/13/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BROWN, NORMA J**
STREET ADDRESS **3 WAYWELL PLACE**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **V** ☐ Change ☒ Addition
NAME **BROWN, GEORGE W.**
STREET ADDRESS **3 WAYWELL PLACE**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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)(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:

Norma J. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA J. BROWN

Date

904-445-6909

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)