## FILED Apr 03, 2003 8:00 am § Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100  1. Entity Name SURETEK & ASSOCIATES, INC.	0069713		04-03-2003 90159 050 ***158.75
Principal Place of Business  1410 N. 56TH ST.  TAMPA FL 33610  2. Principal Place of Business  1318 N. 56H ST.		. S6th ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State Tampa FL Zip Country USA	City & State  Tampa  Zip  33610	Country	4. FEI Number 59-3732777 Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current		USA	7. Name and Address of New Registered Agent
MARINARO, MICHAEL J JR 4418-N. 56TH ST. TAMPA FL 33610		Street Addr	ress (P.O. Box Number is Not Acceptable)
\$ ·		City	· Zip Code
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		E: Registered Agent signature re	9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
MARINARO, MICHAEL J JR  MICHAEL J JR  MARINARO, MICHAEL J JR  MICHAEL JR	☐ Delete	TITLE  NAME  STREET ADDRESS  L  CITY-ST-ZIP	Achange □ Addition N 318 N . 56th STreet
NAME WARINARO, DINA WATE N. 56TH ST. TAMPA FL 33610	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Achange □ Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP	Delete.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITTLE  NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME STREET ADDRESS ITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

2. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/1/03

2556-046-818

Daytime Phone #