

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
 04-10-2002 90671 044 ***163.75

0604057 AV

DOCUMENT # P01000080287

1. Entity Name
AZTEC, INC.

Principal Place of Business Mailing Address
3899 1ST AVE. SW 3899 1ST AVE. SW
NAPLES FL 34117 NAPLES FL 34117

2. Principal Place of Business 3. Mailing Address
3899 1ST AVE. SW 3899 1ST AVE. SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number
59-3740855

Applied For
 Not Applicable

Zip
34117

Country
U.S.A.

Zip
34117

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

MCSHANDS, GELNN
3899 1ST AVE, SW
NAPLES FL 34117

7. Name and Address of New Registered Agent

Name **GLENN MCSHAND**

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

3899 FIRST AVE. S.W.

City **NAPLES**

FL

Zip Code **34117**

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 **GLENN MCSHAND - DIRECTOR**

3/28/02

Signature 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, 2002 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 | D MCSHANDS, GLENN 3899 1ST AVE, SW NAPLES FL 34117 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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

GLENN MCSHAND

Date

Daytime Phone #

03/28/02 941-430-2449

CR2E034 (9/01)