


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**  
04-30-2003 90307 026 \*\*\*158.75

0540963 AV

<b>DOCUMENT #</b> P01000080287	
<b>1. Entity Name</b> AZTEC, INC.	

<b>Principal Place of Business</b> 3899 1ST AVE. SW NAPLES FL 34117	<b>Mailing Address</b> 3899 1ST AVE. SW NAPLES FL 34117
---	---

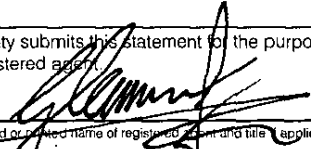
<b>2. Principal Place of Business</b> 3899 FIRST AVE SW Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3899 FIRST AVE. SW Suite, Apt. #, etc.
---	--

<b>City &amp; State</b> NAPLES, FLORIDA	<b>City &amp; State</b> NAPLES, FLORIDA
<b>Zip</b> 34117	<b>Country</b> COLLIER

<b>4. FEI Number</b> 59-3740855	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  MC SHANDS, GELNN 3899 1ST AVE, SW NAPLES FL 34117
---

<b>7. Name and Address of New Registered Agent</b>  Name <b>GLENN MCSHAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>3899 FIRST AVE SW</b> City <b>NAPLES</b> FL Zip Code <b>34117</b>
--

<b>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. I am familiar with, and accept the obligations of registered agent.</b>	
SIGNATURE  <b>GLENN MCSHAND</b>	DATE <b>04/20/2003</b>

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MC SHANDS, GLENN</b> <b>3899 1ST AVE, SW</b> <b>NAPLES FL 34117</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRESIDENT - DIRECTOR</b> <b>GLENN MCSHAND</b> <b>3899 FIRST AVE. SW</b> <b>NAPLES, FLORIDA 34117</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIRECTOR</b> <b>DOUGLAS ALDRIDGE</b> <b>725 SANTUARY RD.</b> <b>NAPLES, FLORIDA 34120</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIRECTOR</b> <b>MARJORIE MCSHAND</b> <b>3899 FIRST AVE. SW</b> <b>NAPLES, FLORIDA 34117</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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.**

<b>SIGNATURE:</b>  <b>GLENN MCSHAND</b>	<b>04/20/03</b>	<b>239-430-2449</b>
SIGNATURE (PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		

CR2E034 (10/02)