

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 03**

AMENDED

FILED

03 SEP 30 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000080287**

1. Entity Name

AZTEC, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3899 FIRST AVE. SW

Suite, Apt. #, etc.

3. Mailing Address

3899 FIRST AVE. SW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number

59-3740855

☒ Applied For
☐ Not Applicable

Zip

34117

Country

COLLIER

Zip

34117

Country

COLLIER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GLENN MCSHAND

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

3899 FIRST AVE SW

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable

GLENN MCSHAND

09/19/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DIRECTOR	MCSHAND, GLENN	3899 1ST AVE, SW	NAPLES, FL 34117
DIRECTOR	MCSHAND, MARJORIE	3899 1ST AVE, SW	NAPLES, FL 34117
DIRECTOR	ALDRIDGE, DOUGLAS	725 SANCTUARY RD.	NAPLES, FLORIDA 34120
DIRECTOR	DOBROKA, ANDREW	4980 10TH AVE, SW	NAPLES, FLORIDA 34116
DIRECTOR	ANDREA, THOMAS	4819 LASQUETI WAY	NAPLES, FLORIDA 34119

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/02)

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 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

09/22/03

239-430-2449

Date

Daytime Phone #