## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P01000091661 DOCUMENT #

1. Entity Name

SANITECH SUPPLY, INC.



**FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90331 017 \*\*\*150.00

					1			
Principal Place of Business 517 PAUL MORRIS DR., UNIT B-4 ENGLEWOOD FL 34223		Mailing Address 517 PAUL MORRIS DR., UNIT B-4 ENGLEWOOD FL 34223						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-1139313		pplied For ot Applicable	7
Zip	Country	Zip·	Country		5. Certificate of Status Desired	\$8.75 Ad	ditional ed	
	6. Name and Address of Currer	nt Registered Agent	<u> </u>		7. Name and Address of New Registers			1
	and the second s	دخوا وسيوندوا	Name		was as an analytem to make the contra			1
KOOPMAI		Street	Address (P.	s (P.O. Box Number is Not Acceptable)				
	. MORRIS DR., UNIT B-4							┨
ENGLEW	DOD FL 34223							_
	·		City		F	Zip Cod	de	
	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office	or registered	d agent, or both, in the State of Florida. I a	am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable (NOT	E: Registered Agent sig	nature required w	hen reinstating) DAI			
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	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Pee will be \$550.00	<b>,</b>			9. Election Campaign Financing		00 May Be	
	k Payable to Florida Department				Trust Fund Contribution.	∐ Added	d to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	1
ITLE	PD *	☐ Delete	TITLE	Vice	President	<b>X</b> Change	Addition	18
IAME	KOOPMAN, DENNIS E		NAME			•		3
TREET ADDRESS	3657 JUNCTION ST		STREET ADDRESS	s				3
CITY-ST-ZIP	NORTH PORT FL 34287		: CITY-ST-ZIP	000		<u>_</u>	t	ן עֲ
ITLE		☐ Delete	TITLE	I ricsi	dent Dominion T	☐ Change	Addition	9
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iTY-ST-ZIP		•	CITY-ST-ZIP	Eve	entes, Dominic J. Bargello Street Lewood, FL 34224			
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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 truetee 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:

BRE KLO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR