

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90061 046 \*\*\*150.00

DOCUMENT # P01000104114

1. Entity Name

CHOPPER TEK, INC.

Principal Place of Business

6211 KIMBERLY BLVD.  
N. LAUDERDALE FL 33068

Mailing Address

6211 KIMBERLY BLVD.  
N. LAUDERDALE FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1149138

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KEARNS, TODD  
6211 KIMBERLY BLVD.  
N. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name: TODD KEARNS  
 Street Address (P.O. Box Number is Not Acceptable):  
6211 KIMBERLY BLVD.  
 City: N. LAUDERDALE FL Zip Code: 33068

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

Signature, typed or printed name 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: PRES  
 NAME: TODD KEARNS  
 STREET ADDRESS: 6211 KIMBERLY BLVD  
 CITY-ST-ZIP: N. LAUDERDALE, FL 33068

☐ Delete

TITLE: V. PRES  
 NAME: JANET KOETTLER  
 STREET ADDRESS: 6211 KIMBERLY BLVD  
 CITY-ST-ZIP: N. LAUDERDALE, FL 33068

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE:   
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 CITY-ST-ZIP:   
☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

x2-12028954-881-1992