

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90021 033 ***150.00

DOCUMENT # P01000107801

1. Entity Name
ITECH MICRO, INC.



Principal Place of Business
**4412 MEADOWCREEK CIR
SARASOTA FL 34233**

Mailing Address
**PO BOX 17907
SARASOTA FL 34276**



2. Principal Place of Business

3. Mailing Address

2249 Riverside Dr South
Suite, Apt. #, etc.

2249 Riverside Dr South
Suite, Apt. #, etc.

City & State
Clearwater, Florida

City & State
Clearwater, Florida

4. FEI Number **65-1154887**

Applied For
Not Applicable

Zip Country
33764 U.S.A.

Zip Country
33764 U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEASLEY, MITCHEL L
4412 MEADOWCREEK CIR.
SARASOTA FL 34233**

Name

Street Address (P.O. Box Number is Not Acceptable)
2249 Riverside Dr South

City
Clearwater

FL

Zip Code
33764

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 *Mitchel L. Beasley* - **Mitchel L. Beasley - CEO**

01/07/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BEASLEY, MITCHEL L**
STREET ADDRESS **4412 MEADOWCREEK CIR.**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D, CEO** ☒ Change ☐ Addition
NAME **Beasley, Mitchel L.**
STREET ADDRESS **2249 Riverside Dr South**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D,P,S,T** ☐ Change ☒ Addition
NAME **Tracie J. Leonhardt**
STREET ADDRESS **2249 Riverside Dr South**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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.

SIGNATURE: *Mitchel L. Beasley* **REQUIRED** **Mitchel L. Beasley - CEO**

01/07/03

(727) 538-8635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)