

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90114 039 \*\*\*150.00

0013990 FP

**DOCUMENT #** P02000129810

**1. Entity Name**  
V-TEK SERVICES, INC.



**Principal Place of Business**  
C/O WIKTOR BIERNACKI 455 NE 10 ST  
BOCA RATON FL 33432

**Mailing Address**  
C/O WIKTOR BIERNACKI 455 NE 10 ST  
BOCA RATON FL 33432

11010912



**2. Principal Place of Business**  
621 Woolbright Rd  
Suite, Apt. #, etc.  
APT 302-B

**3. Mailing Address**  
PO Box 278  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
BOYNTON BEACH, FL

**City & State**  
BOYNTON BEACH, FL

**4. FFL Number**  
55-0808282

**Applied For**  
Not Applicable

**Zip**  
33435

**Country**

**Zip**  
33425

**Country**

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

**6. Name and Address of Current Registered Agent**

BIERNACKI, WIKTOR  
455 NE 10 ST  
BOCA RATON FL 33432

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
621 Woolbright Rd  
APT 302-B  
**City**  
BOYNTON BEACH FL **Zip Code**  
33435

**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 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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP BIERNACKI, WIKTOR 455 NE 10 ST BOCA RATON FL 33432	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	621 Woolbright Rd # 302B BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> 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.**

**SIGNATURE** *Wiktor Biernacki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03 561 289 2191  
Date Daytime Phone #

CR2EQ34 (10/02)