

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

DOCUMENT # 104000032953

1. Entity Name

SHARKTECH INDUSTRIES, INC.

FILED  
05 APR 27 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

131-133 N. Monroe Street

3. Mailing Address

131-133 N. Monroe Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

20-1723000

Applied For

Not Applicable

Zip  
32301

Country  
USA

Zip  
32301

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
William Leffler

Street Address (P.O. Box Number is Not Acceptable)  
3614 Deer Hill Trail

Mail to: P. O. Box 731, Tallahassee, FL 32302

City  
Tallahassee

FL

Zip Code  
32312

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

CEO  
Anton W. Hajducek  
2398 Omro Road  
Oshkosh, Wisconsin 54904

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

400054121234  
05/10/05--01004--016 \*\*150.00

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**DO NOT WRITE  
IN THIS SPACE**

T. Roberts APR 27 2005

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)