

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004782

1. Entity Name
FUNTEC, INC.

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90077 016 ***150.00

Principal Place of Business

895 N. STATE ROAD 427
LONGWOOD FL 32750

Mailing Address

895 N. STATE ROAD 427
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3162212

Applied For

Not Applicable

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

COHEN, PETER
895 NORTH STATE ROAD 427
LONGWOOD FL 32750

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COHEN, PETER
895 N COUNTY RD 427
LONGWOOD FL 32750 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/02 407-339-3443

Date

Daytime Phone #

CR2E034 (4/02)

Attachment # 979835
P92000004782



Rolls-Royce and Bentley Motor Cars

August 30, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2002 UBR - FEI Number 59-3162212

Dear Sir/Madam:

Enclosed is check #12639 for renewal payment in the amount of \$150.00. We receive 3 business report forms each year and pay them together, however, only 2 forms were received this year (see attached copies) that were paid in April. This is the first notice of the 2002 report for FUNTEC, INC.

We would appreciate your receipt of our payment, and if you have any questions, please give me a call.

Sincerely,

Jerry Ann Harrell
Executive Assistant

Enclosures