

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90055 002 \*\*\*150.00

DOCUMENT # P92000011287

1. Entity Name

MEQUALTECH N.D.T. SERVICES, INC.

Principal Place of Business

Mailing Address

5675-F HWY 90  
MILTON FL 32583  
US

5675-F HWY 90  
MILTON FL 32583  
US

2. Principal Place of Business

8118 Progress Dr.

3. Mailing Address

2879 Greystone Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Milton, FL

City & State  
Pace, FL

Zip  
32583

Country

Zip  
32571

Country

4. FEI Number

59-3154845

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

PAZ, JOSE  
5675-F HWY 90  
MILTON FL 32583

Name

Jose Paz

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

2879 Greystone Drive

City

Pace

FL

Zip Code  
32571

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.

Jose Paz

\* FEB 23/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PAZ, JOSE  
5675-F HWY 90  
MILTON FL 32583 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Jose Paz  
2879 Greystone Dr.  
Pace, FL 32571 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Delete

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

JOSE PAZ

\* FEB 23/01 (P50) 206-6304

Date

Daytime Phone #

CR2E034 (10/00)