

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State
 03-18-2002 90056 004 ***150.00

03/17/02
 AV

DOCUMENT # P93000019728

1. Entity Name
MEGA-TECH II, INC.

Principal Place of Business
C/O KARP & GENAUER, P.A.
TWO ALHAMBRA PLAZA, SUITE 1202
CORAL GABLES FL 33134

Mailing Address
C/O KARP & GENAUER, P.A.
TWO ALHAMBRA PLAZA, SUITE 1202
CORAL GABLES FL 33134



2. Principal Place of Business
2804 Woodley Court
 Suite, Apt. #, etc.

3. Mailing Address
2804 Woodley Court
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jamestown, NC

City & State
Jamestown, NC

4. FEI Number
58-2046290

Applied For
☐ **Not Applicable**

Zip
27282 **Country**
USA

Zip
27282 **Country**
USA

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

6. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
C/O KARP & GENAUER, P.A.
SUITE 1202, TWO ALHAMBRA PLAZA
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

SIGNATURE

R. Jon Stouky, PRES.
 Signature, typed or printed name of registered agent and title if applicable.

(336)-316-0707
 (NOTE: Registered Agent signature required when reinstating)

02-04-02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE DPT	<input type="checkbox"/> Delete
NAME STOUKY, R JON	
STREET ADDRESS 2804 WOODLEY COURT	
CITY-ST-ZIP JAMESTOWN NC 27282	
TITLE S	<input type="checkbox"/> Delete
NAME STOUKY, MARTHA V.M. WO	
STREET ADDRESS 2804 WOODLEY COURT	
CITY-ST-ZIP JAMESTOWN NC 27282	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Martha V.M. Stouky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 4, 2002
 Date

336-316 0707
 Daytime Phone #

CR2E034 (9/01)