FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (VBR)

## Aug 12, 2003 8:00 am Secretary of State P93000019728 DOCUMENT # 08-12-2003 90019 014 \*\*\*550.00 1. Entity Name MEGA-TECH II, INC. Principal Place of Business Mailing Address 2804 WOODLEY COURT 2804 WOODLEY COURT JAMESTOWN NC 27282 TWO ALHAMBRA PLAZA. SUITE 1202 JAMESTOWN NC 27282 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 58-2046290 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name -ALHAMBRA REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) C/O KARP & GENAUER, P.A. SUITE 1202, TWO ALHAMBRA PLAZA CORAL GABLES FL 33134 City 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition STOUKY, R JON NAME NAME 2804 WOODLEY COURT STREET ADDRESS STREET ADDRESS JAMESTOWN NC 27282 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STOUKY, MARTHA V.M. WO NAME 2804 WOODLEY COURT STREET ADDRESS STREET ADDRESS JAMESTOWN NC 27282 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME \* STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME

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 employmental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition