

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024578

1. Entity Name

Z-TECH, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90172 022 ***150.00

Principal Place of Business

Mailing Address

1837 KEMPTON RD
~~1746 HOUGHTON DR~~
CHARLESTON SC 29412
US

1837 KEMPTON RD
~~1746 HOUGHTON DR~~
CHARLESTON SC 29412-2904
US

2. Principal Place of Business

3. Mailing Address

1837 KEMPTON RD

1837 KEMPTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHARLESTON SC

City & State

CHARLESTON SC

4. FEI Number

57-0975902

Applied For

Not Applicable

Zip

29412

Country

US

Zip

29412

Country

US

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

VAUGHEN, DANIEL R PA
~~333 E. NEW YORK AVE.~~
~~SUITE 201~~
~~DELAND FL 32721~~

Name

VAUGHEN, DANIEL R

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

1485 PERIWINKLE DR.

City

DELAND

FL

32724

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)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DPS ORGAN, LESLIE W 1837 KEMPTON RD CHARLESTON SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRADHAM, GILBERT B 8529 HIGHWAY 17 N MCCLELLANVILLE SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 CONFEDERATE CIRCLE CHARLESTON, SC 29407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LESLIE W. ORGAN

Date

1/10/00

Daytime Phone #

(843) 762 4174

CR2E034 (9/99)