

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087948

1. Entity Name

UTEP, INC.

Principal Place of Business

8701 BAY PASS BLVD  
ST PETERSBURG FL 33709  
US

Mailing Address

500 TREASURE ISLAND CAUSEWAY  
#107  
TREASURE ISLAND FL 33706-1140

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90304 040 \*\*\*150.00

00048170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10572 SEMINOLE BLVD

Suite, Apt. #, etc.

SUITE 1

City & State

SEMINOLE FL

Zip

33772

Country

FLORIDA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3228062

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

Name

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

City

FL

Zip Code

DRISCOLL & PRATS, P.A.  
501 FIRST AVE. NORTH  
SUITE #700  
ST. PETERSBURG FL 33701

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 PD  
NAME POTYKA, ULRICH T  
STREET ADDRESS 500 TREASURE ISLAND CAUSEWAY, #107  
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Delete

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

TITLE VD  
NAME POTYKA, SANDRA A.,  
STREET ADDRESS 500 TREASURE ISLAND CAUSEWAY #107  
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Delete

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

TITLE STD  
NAME POTYKA, ANTIONETTE E,  
STREET ADDRESS 500 TREASURE ISLAND CAUSEWAY #107  
CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ 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  
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

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: *Sandra A Potyka* SANDRA A POTYKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 227-395-0509