

DOCUMENT # P95000030533

1. Entity Name

ARATEC INC.

Principal Place of Business

Mailing Address

1820 SW 4TH AVE
OCALA FL 34474
USP O BOX 7
OCALA FL 34478-0007
US

2. Principal Place of Business

230 SW 3RD AVE

3. Mailing Address

P.O. Box 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34474

Country

U.S.A.

Zip

34478-0007

Country

U.S.A.

4. FEI Number

59-3329395

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SAWAYA, MARY E
131C
1820 SW 4TH AVE
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

SAWAYA, MARY E.

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

230 SW 3RD AVE

City

OCALA

FL

Zip Code

34474

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

Mary E Sawaya

Mary E. Sawaya

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05 JAN 2001

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PDCM	<input type="checkbox"/> Delete
NAME	SAWAYA, MARY E	
STREET ADDRESS	1820 SW 4TH AVE	
CITY-ST-ZIP	OCALA FL	

TITLE	VTSD	<input type="checkbox"/> Delete
NAME	GHANNAM, JOHN H	
STREET ADDRESS	1820 SW 4TH AVE	
CITY-ST-ZIP	OCALA FL	

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	PDCM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWAYA, MARY E	
STREET ADDRESS	230 SW 3RD AVE	
CITY-ST-ZIP	OCALA, FL 34474	

TITLE	VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHANNAM, JOHN H	
STREET ADDRESS	230 SW 3RD AVE	
CITY-ST-ZIP	OCALA, FL 34474	

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		

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:

Mary E Sawaya

Mary E Sawaya

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 JAN 2001 352-167-8208

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90044 047 ***150.00



DO NOT WRITE IN THIS SPACE