

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035111

1. Entity Name
AZTEC INVESTMENT CORP.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90002 007 ***150.00

Principal Place of Business

**801 N. MAGNOLIA AVE.
STE 301
ORLANDO FL 32803
US**

Mailing Address

**801 N. MAGNOLIA AVE.
STE 301
ORLANDO FL 32803
US**

2. Principal Place of Business

801 N. MAGNOLIA AVE.

Suite, Apt. #, etc.

STE 317

City & State

ORLANDO, FL

Zip

32803

Country

US

3. Mailing Address

801 N. MAGNOLIA AVE.

Suite, Apt. #, etc.

STE 317

City & State

ORLANDO, FL

Zip

32803

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3312674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOWD, BOB
801 N. MAGNOLIA AVE.
STE 301
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

BOB DOWD

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

801 N. MAGNOLIA AVE.

STE 317

City

ORLANDO

FL

Zip Code

32803

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, 2001 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

TITLE **D** ☐ Delete
NAME **DOWD, H. ROBERT**
STREET ADDRESS **792 BRIGHTWATER CIR**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☒ Delete
NAME **HANSON, RANDALL**
STREET ADDRESS **70 AVE C**
CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE **D** ☒ Delete
NAME **CHURCH, SUZANNE**
STREET ADDRESS **6720 BRITTANY CHASE CT**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☐ Change ☒ Addition
NAME **DOWD, KATHLEEN**
STREET ADDRESS **792 BRIGHTWATER CIR**
CITY-ST-ZIP **MAITLAND, FLORIDA 32751**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-01

Date

407-849-0548

Daytime Phone #

CR2E034 (10/00)