

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0094638
AV

DOCUMENT # P96000031770

1. Entity Name
E-TECH SYSTEMS, INC.



FILED

03 OCT -9 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2117 W KENNEDY BOULEVARD
TAMPA FL 33606

Mailing Address
2117 W KENNEDY BOULEVARD
TAMPA FL 33606



2. Principal Place of Business

3. Mailing Address

3802 E 8TH AVE

3802 E 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

Country

33605-4509

USA

Zip

Country

33605-4509

USA

4. FEI Number 59-3378090

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

DIAZ, JOSEPH L
2522 W KENNEDY BOULEVARD
TAMPA FL 33609

Name

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

City

FL

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]

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

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CELEIRO, ERICK A
STREET ADDRESS 2117 W KENNEDY BOULEVARD
CITY-ST-ZIP TAMPA FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME CLARKE, PATRICK B
STREET ADDRESS 2117 W KENNEDY BOULEVARD
CITY-ST-ZIP TAMPA FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME MEYER, ANDREW E
STREET ADDRESS 2117 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33606

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CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6/03

813-247-2969

Date

Daytime Phone #

CR2E034 (4/03)