

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90209 026 \*\*\*158.75

0470396 AV

**DOCUMENT # P96000058139**

1. Entity Name  
**ERTEC, INC.**



Principal Place of Business  
**4919 MEMORIAL HIGHWAY SUITE 222**  
**TAMPA FL 33634**  
**US**

Mailing Address  
**4919 MEMORIAL HIGHWAY SUITE 222**  
**TAMPA FL 33634**  
**US**



2. Principal Place of Business  
**7901 Benjamin Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**7901 Benjamin Road**  
Suite, Apt. #, etc.

City & State  
**Tampa, Florida 33634**  
Zip Country

City & State  
**Tampa Florida**  
Zip Country

4. FEI Number **59-3390616**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OCHOTORENA, RAY**  
**4919 MEMORIAL HIGHWAY SUITE 222**  
**TAMPA FL 33634**

**7. Name and Address of New Registered Agent**

Name  
**Ray Ochotorena**  
Street Address (P.O. Box Number is Not Acceptable)  
**7901 Benjamin Road**

City **Tampa** **FL** Zip Code **33634**

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 **Ray Ochotorena, Vice President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **DVPT** ☐ Delete  
NAME **OCHOTORENA, RAY**  
STREET ADDRESS **4919 MEMORIAL HIGHWAY SUITE 222**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **DVPT** ☒ Change ☐ Addition  
NAME **OCHOTORENA, RAY**  
STREET ADDRESS **7901 BENJAMIN ROAD /TAMPA FL 33634**  
CITY-ST-ZIP **7901 BENJAMIN ROAD /TAMPA FL 33634**

TITLE **DPS** ☐ Delete  
NAME **KRAWCZYK, EDWARD**  
STREET ADDRESS **4919 MEMORIAL HIGHWAY SUITE 222**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **DPS** ☒ Change ☐ Addition  
NAME **KRAWCZYK, EDWARD**  
STREET ADDRESS **7901 BENJAMIN ROAD /TAMPA FL 33634**  
CITY-ST-ZIP **7901 BENJAMIN ROAD /TAMPA FL 33634**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/03 813-889-7181**  
Date Daytime Phone #

CR2E034 (10/02)