

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91676 001 ***300.00

DOCUMENT # P96000073983

1. Entity Name
MEKATRONIX, INC.

Principal Place of Business

8822 REVILLIAN RD.
 RICHMOND VA 23235

Mailing Address

8822 REVILLIAN RD.
 RICHMOND VA 23235
 US

2. Principal Place of Business

8822 Trevillian Rd

3. Mailing Address

8822 Trevillian Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

316 NW 17th St & A

City & State

City & State

Gainesville, FL

Zip

Country

Zip

32603

Country

Alachua

4. FEI Number **59-3514472**

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

DOTY, KAHIL

316 NW 17TH ST.

GAINESVILLE FL 32603

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **DOTY, KEITH L**
 STREET ADDRESS **4813 N.W. 19 PL.**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☒ Change ☐ Addition
 NAME **316 NW 17th St**
 STREET ADDRESS **Gainesville, FL**
 CITY-ST-ZIP **32603**

TITLE **D** ☐ Delete
 NAME **DOTY, KAHIL P**
 STREET ADDRESS **8822 TREVILLIAN RD.**
 CITY-ST-ZIP **RICHMOND VA 23235**

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

TITLE **Scott Jantz** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Scott Jantz, VP** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **316 NW 17th St**
 CITY-ST-ZIP **Gainesville, FL 32603**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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

4/30/01 8042725752

Date

Daytime Phone #

CR2E034 (10/00)