


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90166 007 \*\*\*150.00

DOCUMENT # P97000009707

1. Entity Name  
ErgoTek, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
ErgoTek  
Suite, Apt. #, etc.

3. Mailing Address  
1711 Arezzo Circle  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Boynton Beach, FL

City & State  
FL

4. FEI Number  
05-0742657

Applied For  
☐ Not Applicable

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

Zip  
33436

Country  
USA

Zip  
33436

Country

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Barbara Joyce

Street Address (P.O. Box Number is Not Acceptable)  
1711 Arezzo Circle

City  
Boynton Beach

FL

Zip Code  
33436

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 Barbara Joyce (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Barbara J. Joyce</u> <u>1711 Arezzo Circle</u> <u>Boynton Beach, FL 33436</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Joyce 5-5-03 (561) 740-9241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2034B (12/02)

Attachment #  
80116994  
P97000009707

May 5, 2003

Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs;

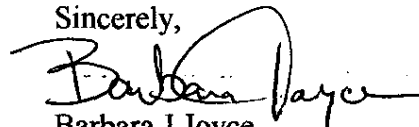
Please find the enclosed Uniform Business Report (UBR) with my filing fee of \$150.00 and also please note that this late filing fee is due to the fact that I did not receive my UBR in the mail.

To prevent this from occurring in the future, please send my UBR to my home address as follows:

Barbara J Joyce  
c/o ErgoTek  
1711 Arezzo Circle  
Boynton Beach, FL 33436

Thank you.

Sincerely,

  
Barbara J Joyce