2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014297

1. Entity Name
REFTEC INTERNATIONAL, INC.

✓

Principal Place of Business	Mailing Address
5388-115TH AVE CLEARWATER FL 33760 US	5388-115TH AVE N. CLEARWATER FL 33760 US

AUU73172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number **59-3439124**	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
LECOMPTE, MORRIS A 100 SECOND AVE. SOUTH SUITE 1201 ST. PETERSBURG FL 33701	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	TITLE		☐ Change ☐ Addition
NAME	SAGAR, CHRIS L		NAME		
STREET ADDRESS	5388-115TH AVE N.		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34622		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LECOMPTE, MORRIS A		NAME		
STREET ADDRESS	100 2ND AVE S. STE 1201		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUCKLES, WILLIAM G JR		NAME		
STREET ADDRESS	455 INDIAN ROCKS RD		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VELTMAN, DAVID M		NAME		
STREET ADDRESS	455 INDIAN ROCKS RD		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VELTMAN, GREG D		NAME		
STREET ADDRESS	455 INDIAN ROCKS RD		STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: _Chris Sagar_ President   6/25/01   (727) 573-2746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #