

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045043

1. Entity Name

TECH-CHECK SERVICES, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90032 001 \*\*\*150.00

Principal Place of Business

C/O PETUNIAS OF NAPLES  
 852 5TH AVE S  
 NAPLES FL 34102

Mailing Address

C/O PETUNIAS OF NAPLES  
 852 5TH AVE S  
 NAPLES FL 34102

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

59-3453383

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

WILLIS, TIM  
 681 8TH ST. N.E.  
 NAPLES FL 34120

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	SV WILLIS, CLAUDETTE F 681 8TH ST NE NAPLES FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIS, TIM 681 8TH ST NE NAPLES FL 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Claudette Willis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2000  
 Date

Daytime Phone #

CLAUDETTE WILLIS VP/secretary

CR2E034 (5/00)

# Petunias

of Naples

Attachment  
DTP9200045043  
DW80980

July 6, 2000

To Whom It May Concern:

Enclosed is a check for \$150.00 as requested by your department as per a telephone conversation on 07-06-2000 pertaining to the absence of a "First Notice" of the 2000 Uniform Business Report fee. Last year we encountered the same situation and remitted \$150.00 for the fee. This year we will anticipate your acceptance of this payment and can only hope your department will avoid such discrepancies in the future.

Respectfully,

Tim Willis - president  
Tech-Check Services, Inc.