

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90019 022 ***150.00

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DOCUMENT # 097000083924
1. Entity Name
FLORIDA TECHNICAL ENTERPRISES, INCORPORATED

Principal Place of Business **Mailing Address**
5613 BAYBROOK AVE **5613 BAYBROOK AVE.**
ORLANDO, FL 32819 **ORLANDO, FL 32819**

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 59-3472724 **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

SEDLAK, MICHAEL A.
5613 BAYBROOK AVE.
ORLANDO, FL 32819

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	ELLEN M. SEDLAK	5613 BAYBROOK AVE.	ORLANDO, FL 32819				
VICE-PRESIDENT	MICHAEL A. SEDLAK	5613 BAYBROOK AVE	ORLANDO, FL 32819				
TREASURER	ELLEN M. SEDLAK	5613 BAYBROOK AVE.	ORLANDO, FL 32819				
SECRETARY	MICHAEL A. SEDLAK	5613 BAYBROOK AVE.	ORLANDO, FL 32819				

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: Ellen M. Sedlak **Ellen M. Sedlak** **APR 27, 2000** **407-345-5398**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)