

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014673

1. Entity Name

GROUPE 5 TECH, INCORPORATED

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90095 020 ***150.00

Principal Place of Business

Mailing Address

14605 49TH ST N 13
CLEARWATER FL 33771-1416

14605 49TH ST N 13
CLEARWATER FL 33762-2837

2. Principal Place of Business

3. Mailing Address

14605 49th ST N.

Suite, Apt. #, etc.

13

Suite, Apt. #, etc.

Same

City & State

CLEARWATER FL

City & State

4. FEI Number

59-3509957

Applied For

Not Applicable

Zip

33762

Country

US

Zip

Country

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

SCHOLZ, RICHARD H
1215 WILLOWICK CIRCLE
SAFETY HARBOR FL 34695

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
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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	BREWER, RONALD	585 FOREST PKWY E							
		LARGO FL								
	VP	SCHOLZ, RICHARD	1215 WILLOWICK CR SAFETY							
		HARBOR FL								

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

5.3.00

Date

(727) 533-9889

Daytime Phone #

CR12E034 (9/99)