

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065395

1. Entity Name

AMERITEX TECHNOLOGIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90875 021 ***150.00

Principal Place of Business

6408 PARKLAND DR
STE 101
SARASOTA FL 34243

Mailing Address

6408 PARKLAND DR
STE 101
SARASOTA FL 34270-1459

2. Principal Place of Business

2111 58th Ave. E.

Suite, Apt. #, etc.

3. Mailing Address

2111 58th Ave. E.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRADENTON FL

City & State

BRADENTON, FL

4. FEI Number

65-0861670

Applied For

Not Applicable

Zip

Country

34203

USA

Zip

Country

34203

USA

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

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	P	<input type="checkbox"/> Delete
NAME	ZIRKELBACH, DONALD	
STREET ADDRESS	6408 PARKLAND DR., STE 101	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VPE	<input type="checkbox"/> Delete
NAME	PARNISKE, DENNIS	
STREET ADDRESS	6408 PARKLAND DR., STE 101	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	DANIELS, BRIAN	
STREET ADDRESS	6408 PARKLAND DR., STE 101	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DONALD ZIRKELBACH

5-9-00

941 751 6131

CR2E034 (9/99)