

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90200 008 ***150.00

DOCUMENT # P98000092852

1. Entity Name

VEKTEK, INC.

Principal Place of Business

**308 RADEBAUGH DRIVE
 LONGWOOD FL 32779**

Mailing Address

**308 RADEBAUGH DRIVE
 LONGWOOD FL 32779**

2. Principal Place of Business

1840 NW 97th Ave.

Suite, Apt. #, etc.

3. Mailing Address

1840 NW 97th Ave.

Suite, Apt. #, etc.

City & State

COVAL SPRINGS, FL

City & State

COVAL SPRINGS, FL

4. FEI Number

59-3555592

Applied For

Not Applicable

Zip

33071

Country

BROWARD

Zip

33071

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VEKASY, STEPHEN
 308 RADEBAUGH DRIVE
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **VEKASY, Stephen**

Street Address (P.O. Box Number is Not Acceptable)

1840 NW 97th Ave.

City

COVAL SPRINGS

FL

Zip Code

33071

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 *Stephen Vekasy* **Stephen Vekasy, Pres.**

1/10/02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **VEKASY, STEPHEN**
 STREET ADDRESS **308 RADEBAUGH DRIVE**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **VEKASY, Stephen**
 STREET ADDRESS **1840 NW 97th Ave.**
 CITY-ST-ZIP **COVAL SPRINGS, FL 33071**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Stephen Vekasy **Stephen Vekasy, Pres.**

1/10/02

954-757-1520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)