

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90140 004 ***150.00

DOCUMENT # P98000092852

1. Entity Name
VEKTEK, INC.



Principal Place of Business
**1840 NW 97TH AVE.
CORAL SPRINGS FL 33071**

Mailing Address
**1840 NW 97TH AVE.
CORAL SPRINGS FL 33071**



2. Principal Place of Business
1980 NW 111 Terrace
Suite, Apt. #, etc.

3. Mailing Address
1980 NW 111 Terrace
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Coral Springs FL

City & State
Coral Springs FL

4. FEI Number **59-3555592**

Applied For
☐ Not Applicable

Zip Country
33071 Broward

Zip Country
33071 Broward

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VEKASY, STEPHEN
1840 NW 97TH AVE.
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **VEKASY, STEPHEN**
Street Address (P.O. Box Number is Not Acceptable)
1980 NW 111 TERRACE
City **Coral 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephen J. Vekasy*
Signature, typed or printed name of registered agent and title if applicable.

Director

1/18/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **VEKASY, STEPHEN**
STREET ADDRESS **1840 NW 97TH AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☒ Change ☐ Addition
NAME **VEKASY, STEPHEN**
STREET ADDRESS **1980 NW 111 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen J. Vekasy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/03 *9547571520*
Date Daytime Phone #

CR2E034 (10/02)