

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021632

1. Entity Name

TEKKSAWY TRADING COMPANY

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90020 028 ***150.00

Principal Place of Business 2603 NW-13-STREET, #314 GAINESVILLE FL 32609	Mailing Address 2603 NW-13-STREET, #314 GAINESVILLE FL 32609-2835
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2. Principal Place of Business 1640 NW 23RD STREET	3. Mailing Address 1640 NW 23RD STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GAINESVILLE FL	City & State GAINESVILLE FL
Zip 32605	Country ALACHUA
Zip 32605	Country ALACHUA

4. FEI Number 59-3561749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARCHBANK, WILLIAM H
2603 NW-13-STREET, #314
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name MARCHBANK, WILLIAM H.
Street Address (P.O. Box Number is Not Acceptable)
1640 NW 23RD STREET
City GAINESVILLE FL 32605

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 2/25/2000
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCHBANK, WILLIAM H. <input type="checkbox"/> Delete 1640 NW 23RD STREET GAINESVILLE FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

April 5, 2000

Date

(352) 335 9155

Daytime Phone #