

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033294

1. Entity Name

CAD TECH SERVICES OF ORLANDO, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90013 015 ***150.00

Principal Place of Business

Mailing Address

1656 STEFAN COLE LANE
 APOPKA FL 32703

1656 STEFAN COLE LANE
 APOPKA FL 32703-4695

2. Principal Place of Business

1656 STEFAN COLE LANE

Suite, Apt. #, etc.

3. Mailing Address

1656 STEFAN COLE LN

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

APOPKA FL

City & State

APOPKA FL

4. FEI Number

59-3575050

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32703

Country

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

DOMBROWSKI, JAMES
 1656 STEFAN COLE LANE
 APOPKA FL 32703

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 ☐ Delete
 JAMES DOMBROWSKI
 STREET ADDRESS 1656 STEFAN COLE LN
 CITY-ST-ZIP APOPKA FL 32703
 PRESIDENT

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/00

407 814 0158

CR2E034 (9/99)