

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90003 001 ***300.00

DOCUMENT # P99000037932

1. Entity Name
SCI-TECH MARKETING, INC.

Principal Place of Business
**111 S. MOODY AVE.
 TAMPA FL 33609**

Mailing Address
**111 S. MOODY AVE.
 TAMPA FL 33609**

2. Principal Place of Business
109 North Brush St

3. Mailing Address
Same

Suite, Apt., etc.
STE 500

Suite, Apt., etc.
Same

City & State
Tampa, Fl

City & State
Same

Zip Country
33601 US

Zip Country
Same Same

4. FEI Number **59-3596588**

Applied For
 Not Applicable

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

**CANNELLA, NORMAN S
 111 S. MOODY AVE.
 TAMPA FL 33609**

Name
Cannella, Norman S

Street Address (P.O. Box Number is Not Acceptable)
109 North Brush St

STE 500

City Zip Code
Tampa FL 33601

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 *Norman S. Cannella*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/25/01*

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, 2001 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 ☐ Delete
 NAME **DST**
 STREET ADDRESS **UNDORF, RUTH A**
 CITY-ST-ZIP **111 S. MOODY AVE.
 TAMPA FL 33609**

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **DONAHUE, TERESA J**
 CITY-ST-ZIP **111 S. MOODY AVE.
 TAMPA FL 33609**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Ruth Ann Undorf*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNDORF 25 APR 01 813
 Date Daytime Phone #

CR2E034 (10/00)