2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057420 ✓

1. Entity Name

K/TEK, INC.

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90642 019 ***150.00

00056894

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1320 8TH AVE., STE. 13 TAMPA FL 33605	1320 8TH AVE., STE. 13 TAMPA FL 33605

2. Principal Place of Business	3. Mailing Address
1320 E. 8th Ave	1320 E. 8th Ave.
Suite, Apt. #, etc: Suite 13	Suite, Apt. #, etc: Suite 13
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33605 Country: HILLSBORO	Zip: 33605 Country: HILLSBORO

4. FEI Number: 59-3583771 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SWIATEK, VERONICA
1320 8TH AVE., STE. 13
TAMPA FL 33605

7. Name and Address of New Registered Agent

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	Pres. SWIATEK, VERONICA 1320 8TH AVE STE 13 TAMPA FL 33605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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] Veronica Swiatek 4/30/01 (813) 248-3309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #