

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074880

1. Entity Name

GRANITEK, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90091 038 ***150.00

Principal Place of Business

Mailing Address

3815 S. ATLANTIC AVE., #1007
DAYTONA BEACH FL 32127

3815 S. ATLANTIC AVE., #1007
DAYTONA BEACH FL 32127-5767

2. Principal Place of Business

3204-A NE 37th Place

Suite, Apt. #, etc.

3. Mailing Address

3402-A NE 37th Place

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wildwood, FL

City & State

Wildwood, FL

4. FEI Number

59-3597844

Applied For

Not Applicable

Zip
34785

Country
U.S.

Zip
34785

Country
U.S.

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

DILLON, ROBERT B
3815 S. ATLANTIC AVE., #1007
DAYTONA BEACH FL 32127

Name

Dillon, Robert
Street Address (P.O. Box Number is Not Acceptable)
3402-A NE 37th Place

City
Wildwood

FL

Zip Code
34785

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

Robert Dillon Robert Dillon, president

17 March 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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILLON, ROBERT B 3815 S. ATLANTIC AVE., #1007 DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dillon, Robert 4880 SE 140th Street Summerfield, FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLON, CAROL G 3815 S. ATLANTIC AVE., #1007 DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dillon, Carol G. 4880 SE 140th Street Summerfield, FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNKLES, MARSHALL D 3815 S. ATLANTIC AVE., #1007 DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Runkles, Marshall D. 16270 SE 92nd Avenue Summerfield, FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNKLES, CHRISTINA M 3815 S. ATLANTIC AVE., #1007 DAYTONA BEACH FL 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Runkles, Christina M. 16270 SE 92nd Avenue Summerfield, FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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:

Robert Dillon Robert Dillon, president 352.266.7998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #