## 2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rece changed, or on an attachmen

SIGNATURE:

## Sep 12, 2001 8:00 am Secretary of State P99000077160 **DOCUMENT #** 1. Entity Name 09-12-2001 90029 024 \*\*\*550.00 VORTECH SYSTEMS, INC. Principal Place of Business Mailing Address 3948 SOUTH THIRD STREET, #317 3948 SOUTH THIRD STREET, #317 UNUCOUUA JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3595052 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name CONRAD, ROBERT R ber is Not Acceptable) Street Address (P.O. Box Num 3948 SOUTH THIRD STREET, #317 JACKSONVILLE BEACH FL 32250 nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (5/01)Delete TITLE TITLE WALTON, ROBERT NAME NAME 11 31ST AVENUE SOUTH STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete CONRAD, ROBERT R NAME NAME 10 10TH STREET, #D-21 STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP. CITY-ST-ZIP. **VPSD** ☐ Delete Change ☐ Addition TITLE ASHLEY, DAVID NAME 1300 SHETTER AVENUE, #12 STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information indicated on this report or supplement ying does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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