

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90236 017 ***550.00

DOCUMENT # P99000077160

1. Entity Name
VORTECH SYSTEMS, INC.

Principal Place of Business
3948 SOUTH THIRD STREET, #317
JACKSONVILLE BEACH FL 32250

Mailing Address
3948 SOUTH THIRD STREET, #317
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business
804 16th Ave. S.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville Beach FL
Zip
32250
Country
USA

City & State

4. FEI Number **59-3595052**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALTON, ROBERT K PTD
804 16TH AVE S
JACKSONVILLE BEACH FL 32250

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
 Signature of registered agent or printed name of registered agent and title if applicable.

Robert K. Walton **9/9/02**
 (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **PTD** ☐ **Delete**
NAME **WALTON, ROBERT**
STREET ADDRESS **804 16TH AVE S**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **VPSD** ☐ **Delete**
NAME **ASHLEY, DAVID**
STREET ADDRESS **1300 SHETTER AVENUE, #12**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME
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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 supplementary 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02 **904 716-2635**
 Date Daytime Phone #

CR2E034 (4/02)