FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91011 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70054169

DOCUMENT # P99000083255

1. Entity Name
BASETEC OFFICE SOLUTIONS, INC.

Principal Place of Business
2840 W SANDLAKE ROAD
ORLANDO, FL 32809 US

Mailing Address
2840 W SANDLAKE ROAD
ORLANDO, FL 32809 US

2. Principal Place of Business: 2480 W SANDLAKE RD
Suite, Apt. #, etc.
City & State: ORLANDO
Zip: 32809 Country: USA

3. Mailing Address: 2480 W SANDLAKE RD
Suite, Apt. #, etc.
City & State: FLORIDA
Zip: 32809 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3601799 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
STEINKIRCHNER, PAUL J
2480 SANDLAKE ROAD
ORLANDO, FL 32809

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD STEINKIRCHNER, PAUL J 2480 W SANDLAKE ROAD ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/28/03 407 857 9307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #