

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2000 08:00 AM
Secretary of State****DOCUMENT # P99000084587****1. Entity Name**
HI-TEK DESIGNS, INC.**Principal Place of Business**

706 S. 15TH STREET

PALATKA
32177

FL

Mailing Address

706 S. 15TH STREET

PALATKA
32177

FL

2. Principal Place of Business

380 KEUKA LAKE TRAIL

3. Mailing Address

PO BOX 1172

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

INTERLACHEN

FL

City & State

INTERLACHEN

FL

4. FEI Number**59-3604825**

Applied For

Not Applicable

Zip
32148Country
USZip
32148Country
US**5. Certificate of Status Desired****\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**CUTRER KEITH E
332 ST. JOHNS AVENUEPALATKA
32177

FL

US

7. Name and Address of New Registered Agent**Name**

OBERMAN JOSEPH E

Street Address (P.O. Box Number is Not Acceptable)

380 KEUKA LAKE TRAIL

City
INTERLACHEN

FL

Zip Code
32148**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 JOSEPH E OBERMAN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09/06/2000

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
Trust Fund Contribution.****\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
D OBERMAN JOSEPH
706 S. 15TH STREET
PALATKA FL 32177TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MRS OBERMAN HEATHER A
380 KEUKA LAKE TRAIL
INTERLACHEN FL 32148TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
MR OBERMAN JOSEPH E
380 KEUKA LAKE TRAIL
INTERLACHEN FL 32148TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:** Joseph E Oberman

Mr. 09/06/2000