

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000084587**1. Entity Name  
HI-TEK DESIGNS, INC.

Principal Place of Business	Mailing Address
613 SAINT JOHNS AVE.	P.O. BOX 339
SUITE 304	
PALATKA FL	PALATKA FL
32177 US	321780339 US

2. Principal Place of Business	3. Mailing Address
613 SAINT JOHNS AVE	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 304	

City & State	City & State
PALATKA FL	

Zip	Country	Zip	Country
32177	US		

4. FEI Number	Applied For
<b>59-3604825</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

OBERMAN JOSEPH E  
380 KEUKA LAKE TRAIL  
  
INTERLACHEN FL  
32148 US

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

Name  
OBERMAN JOSEPH E  
Street Address (P.O. Box Number is Not Acceptable)  
613 SAINT JOHNS AVE.  
SUITE 304  
City PALATKA FL Zip Code 32177

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****01/10/2001**

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, 2001 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	MRS	<input checked="" type="checkbox"/> Delete
NAME	OBERMAN HEATHER A	
STREET ADDRESS	380 KEUKA LAKE TRAIL	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	MR	<input type="checkbox"/> Delete
NAME	OBERMAN JOSEPH E	
STREET ADDRESS	380 KEUKA LAKE TRAIL	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERMAN JOSEPH E	
STREET ADDRESS	613 SAINT JOHNS AVE., SUITE 304	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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. **01/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)