

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094250

1. Entity Name

AMSTEC, INC.

Principal Place of Business

505 AVENUE A. N.W. *218*  
SUITE 102  
WINTER HAVEN FL 33881-4626

Mailing Address

505 AVENUE A. N.W.  
SUITE 102  
WINTER HAVEN FL 33881-4626

2. Principal Place of Business

505 AVENUE A. N.W.

Suite, Apt. #, etc.

SUITE 218

3. Mailing Address

505 AVENUE A. N.W.

Suite, Apt. #, etc.

SUITE 218

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip

33881-4626

Country

Zip

33881-4626

Country

4. FEI Number

APPLIED FOR  
65-1020070

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOVONI, BRIAN R  
505 AVENUE A. N.W.  
SUITE 102  
WINTER HAVEN FL 33881-4626

7. Name and Address of New Registered Agent

Name **ARTUR MADEJ**  
Street Address (P.O. Box Number is Not Acceptable)  
**505 AVENUE A. N.W.**  
**SUITE 218**  
City **WINTER HAVEN** FL **33881-4626**

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

*A. Madej ARTUR MADEJ*

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

(NOTE: Registered Agent signature required when reinstating)

*4/24/2001*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADEJ, ARTUR 236 BOXWOOD DRIVE DAVENPORT FL 33837	<input type="checkbox"/> Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	P/D MADEJ, ARTUR 236 BOXWOOD DRIVE DAVENPORT FL 33837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*A. Madej ARTUR MADEJ*

*4/24/2001 / 863-294-1630*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0381980