

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90040 046 ***150.00

DOCUMENT # P99000094250

1. Entity Name

AMSTEC, INC.

Principal Place of Business

505 AVENUE A. N.W.
 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.

3. Mailing Address

505 AVENUE A N.W.

Suite, Apt. #, etc.

SUITE 218

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. Radey ARTUR MADEJ

4/24/2001

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 D ☐ Delete
 NAME MADEJ, ARTUR
 STREET ADDRESS 236 BOXWOOD DRIVE
 CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition
 NAME MADEJ, ARTUR
 STREET ADDRESS 236 BOXWOOD DRIVE
 CITY-ST-ZIP DAVENPORT FL 33837

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

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

TITLE ☐ Change ☐ 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:

A. Radey 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)

0381930