

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107352

1. Entity Name

HUTECH RESOURCES TALLAHASSEE, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90313 045 \*\*\*150.00

Principal Place of Business

1689-B MAHAN CENTER BLVD.  
TALLAHASSEE FL 32308-5454

Mailing Address

664 DEER RUN  
PALATINE IL 60067  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4335649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOEPEL, SCOTT R  
1689-B MAHAN CENT  
TALLAHASSEE FL 32308

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WILFONG, RICK  
STREET ADDRESS 1689-B MAHAN CENTER BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

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

TITLE SD  
NAME ZILLGITT, KAREN  
STREET ADDRESS 1689-B MAHAN CENTER BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE TD  
NAME MAY, RICHARD L  
STREET ADDRESS 1689-B MAHAN CENTER BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE P/D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD L. MAY

Date

Daytime Phone #

CR2E034 (10/00)