

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 16 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/17/02--01056--014

\*\*\*\*300.00 \*\*\*\*300.00

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DOCUMENT # 567515

1. Entity Name

Lektro-Tech Incorporated

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4302 Henderson Blvd.

3. Mailing Address  
P.O. Box 18566

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Tampa, Florida

4. FEI Number  
59-3080718

Applied For  
Not Applicable

Zip Country  
33629 USA

Zip Country  
33679-8566 USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Patrick M. O'Connor, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
O'Connor & Associates

2240 Belleair Road, Suite 160

City Clearwater FL Zip Code  
33764

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) ☐

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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  
PSTD  
Friedman, Nellye I.  
4302 Henderson Blvd.  
Tampa, Florida 33629

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nellye I. Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nellye I. Friedman 7/10/02 813-350-0085