

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32596

1. Entity Name

GIS/TEC AEROCARTO, INC.

Principal Place of Business

1104 E. BAKER ST.  
PLANT CITY FL 33566  
US

Mailing Address

P.O. BOX 1921  
PLANT CITY FL 33564-1921  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, PILAR C.  
2706 GOLF LAKE DR  
PLANT CITY FL 33567

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

*Pilar C. Hart*

*Pilar C. Hart*

10/16/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 CPD  
NAME HART, PILAR C.  
STREET ADDRESS 2706 GOLF LAKE DR  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003441757-9  
-10/27/00-01020-018  
\*\*\*\*758.75 \*\*\*\*758.75

TITLE VSTD  
NAME VIDAL, CARLOS M SR  
STREET ADDRESS 4317 BARRETT AVE  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE VD  
NAME VIDAL, CARLOS M. SR.  
STREET ADDRESS 4317 BARRETT AVE  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PLANT CITY, FL 33567

TITLE SD  
NAME VIDAL, ZOILA E.  
STREET ADDRESS 4317 BARRETT AVE  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE  
NAME VIDAL, MARIA I.  
STREET ADDRESS 4317 BARRETT AVE.  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE TD  
NAME VIDAL, MARIA I.  
STREET ADDRESS 4317 BARRETT AVE.  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/00

(813) 257-0091

Date

Daytime Phone #

CR2E034 (5/00)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT 18 PM 12:05



REINSTATEMENT

4. FEI Number 59-3110340

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required