

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90017 025 ****61.25

DOCUMENT # N43988

1. Entity Name

TEEN IN ACTION, INCORPORATED

Principal Place of Business

Mailing Address

7542 PINEMOUNT DRIVE
 ORLANDO FL 32819

7542 PINEMOUNT DRIVE
 ORLANDO FL 32819-4656

00001077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9331 SOUTHERN BREEZE DR
 Suite, Apt. #, etc.

9331 SOUTHERN BREEZE DR
 Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3076058

Applied For

Not Applicable

Zip

32836

Country

ORANGE

Zip

32836

Country

ORANGE

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

CHACKO, VARKEY K.
~~7542 PINEMOUNT DRIVE~~
~~ORLANDO FL 32819~~

Name

Street Address (P.O. Box Number is Not Acceptable)

9331 SOUTHERN BREEZE DR

~~ORLANDO~~

City

ORLANDO

FL

Zip Code

32836

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

Vandy Clever

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/30/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAHAM, KONDOOR	
STREET ADDRESS	1750 SW 116 AVE	
CITY-ST-ZIP	DAVE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHACKO, VARKEY K.	
STREET ADDRESS	7542 PINEMOUNT DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, JOSE K.	
STREET ADDRESS	3915 WOODBURN LOOP W.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NINAN, SAM	
STREET ADDRESS	309 MAHOGANY DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9331 Southern Breeze Dr	
CITY-ST-ZIP	Orlando FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vandy Clever
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00. 407-345-3282
 Date Daytime Phone #

CR2E037 (9/99)