

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90141 024 ***158.75

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DOCUMENT # **287501**

1. Entity Name
T S E INDUSTRIES INC.



Principal Place of Business
**4370 112TH TERRACE NORTH
CLEARWATER FL 33762-4902
US**

Mailing Address
**4370 112TH TERRACE NORTH
CLEARWATER FL 33762-4902**



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 **59-1089552**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLINGEL, ROBERT R.
5260 113TH AVE N
CLEARWATER FL 33760**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KLINGEL, ROBERT R	
STREET ADDRESS	15530 GULF BLVD	
CITY-ST-ZIP	REDDINGTON BEACH FL 33708	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KLINGEL, HELEN A	
STREET ADDRESS	P.O. BOX 130N/A	
CITY-ST-ZIP	MORRISTON FL 32688	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLINGEL, DIANE M	
STREET ADDRESS	15530 GULF BLVD.	
CITY-ST-ZIP	REDDINGTON BEACH FL 33708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOTTL, DAVID J	
STREET ADDRESS	5044 KILKENNEY COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIRRA, LOUIS J	
STREET ADDRESS	12700 PARK BLVD., #157	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REESE, GARY A	
STREET ADDRESS	1124 HOUNDS RUN	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5044 KILKENNEY COURT
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1725 MAPLELEAF BLVD.
CITY-ST-ZIP	OLDSMAR, FL 34677
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 607, 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:
 Robert R. Klingel, Sr. President

4-15-2003 727-573-7676
Date Daytime Phone #

CR2E034 (10/02)