

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 371970

1. Entity Name

TEVALO, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90039 015 ***150.00

Principal Place of Business

Mailing Address

277 MAGNOLIA AVE. S.W.
WINTER HAVEN FL 33882
US

277 MAGNOLIA AVE. S.W.
P.O. BOX 192
WINTER HAVEN FL 33882-0192
US

2. Principal Place of Business

616 2nd Street, S.W.

3. Mailing Address

P. O. Box 2898

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

City & State

Winter Haven, Florida

Zip

Country

Zip

Country

33880-2898

33883-2898

4. FEI Number

59-1365254

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

VAUGHN, JAMES O
277 MAGNOLIA AVE S.W.
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)
616 2nd Street, S.W.

City

Winter Haven

FL

Zip Code
33880

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

3-22-2000

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, 2000 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 ☐ Delete
NAME PD
STREET ADDRESS VAUGHN, JAMES
CITY-ST-ZIP 277 MAGNOLIA AVE S.W.
WINTER HAVEN FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 616 2nd Street, S.W.
CITY-ST-ZIP Winter Haven, Florida 33880

TITLE ☐ Delete
NAME STD
STREET ADDRESS KENNETH M. GERRARD
CITY-ST-ZIP 105 SPYGLASS
ST. SIMONS ISLAND GA

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

TITLE ☐ Delete
NAME V
STREET ADDRESS KENNETH M. GERRARD
CITY-ST-ZIP 105 SPYGLASS
ST. SIMONS ISLAND GA

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-2000

CR2E034 (9/99)