

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90177 015 ***150.00

DOCUMENT # 444900

1. Entity Name
TED'S SHEDS, INC.



Principal Place of Business
**9350 LAREDO AVENUE
FORT MYERS FL 33905**

Mailing Address
**P.O. BOX 50929
FORT MYERS FL 33994
US**

2. Principal Place of Business
9180 GALLERIA COURT

3. Mailing Address

Suite, Apt. #, etc.
SUITE 700

Suite, Apt. #, etc.

City & State
NAPLES, FL

City & State

Zip
34109

Country
COLLIER

Zip

Country

4. FEI Number **59-2748152**

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

**STEWART, JAMES C JR
11925 COLLIER BLVD., SUITE 101
GOLDEN GATE FL 34116**

Name

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

SUITE 700

9180 GALLERIA COURT

City

NAPLES

FL

Zip Code

34109

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

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

(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 **VSD** ☐ Delete
NAME **GOODRICH, HAROLD T.**
STREET ADDRESS **10311 BONITA BEACH ROAD**
CITY-ST-ZIP **BONITA SPRINGS FL 33959**

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

TITLE **PDT** ☐ Delete
NAME **CAUDILL, GLENN E.**
STREET ADDRESS **9350 LAREDO AVENUE**
CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE **D** ☐ Delete
NAME **NELSON, JOHN**
STREET ADDRESS **6451 MORGAN LAFFEE LANE**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE **D** ☐ Delete
NAME **SANTERRE, RICHARD**
STREET ADDRESS **500 FIFTH AVENUE SOUTH #522**
CITY-ST-ZIP **NAPLES FL 34102**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Glenn E. Caudill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

239-344-2905

Date

Daytime Phone #

CR2E034 (10/02)