

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 587718

1. Entity Name
TEAL INDUSTRIES, INC.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90111 045 ***150.00

Principal Place of Business

11993 44TH STREET NORTH
CLEARWATER FL 33762
US

Mailing Address

11993 44TH STREET NORTH
CLEARWATER FL 33762
US

2. Principal Place of Business

1923-64 Av N
Suite, Apt. #, etc.

3. Mailing Address

1923-64 Av N
Suite, Apt. #, etc.

City & State
ST Petersburg, FL

City & State
ST Petersburg, FL

4. FEI Number 59-1845545

Applied For
Not Applicable

Zip 33702 Country USA

Zip 33702 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, JOHN E.
11993 44TH STREET NORTH
CLEARWATER FL 33520

7. Name and Address of New Registered Agent

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 _____
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 \$150.00
After May 1, 2002 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

TITLE D
NAME WATSON, JOHN E.
STREET ADDRESS 5663 FIRST AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE PV
NAME TEAL, DONALD F.
STREET ADDRESS 1923 64 AVE N.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE ST
NAME TEAL, MARGARET G.
STREET ADDRESS 1923 64 AVE N.
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: Margaret Teal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-02 727-526-0092
Date Daytime Phone #

CR2024 (9/01)