

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003802

1. Entity Name

TEELBARK, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90236 026 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O MICHAEL HALL CPA  
21 SOUTH 12TH ST., STE 402  
PHILADELPHIA PA 19107

C/O MICHAEL HALL CPA  
21 SOUTH 12TH ST., STE 402  
PHILADELPHIA PA 19107-3607



DO NOT WRITE IN THIS SPACE

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 **23-2829474**

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

VALDES-FAULI CORPORATE SERVICES, INC.  
777 S. FLAGLER DRIVE, STE 500 EAST  
WEST PALM BEACH FL 33401

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KEAN, LEROY	
STREET ADDRESS	115 SOUTH 19TH STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, EDWARD S	
STREET ADDRESS	2228 HILLTOP VIEW ROAD	
CITY-ST-ZIP	UNIONVILLE PA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EISEN, ALBERT	
STREET ADDRESS	1013 W 9TH AVENUE, STE H	
CITY-ST-ZIP	KING OF PRUSSIA PA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUCKER, RICHARD	
STREET ADDRESS	221 VINE STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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: *X C.A.N. Edward S. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/2000 610-486-6660

CR2E034 (9/99)