

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90203 034 ***150.00

DOCUMENT # H60429

1. Entity Name

T. E. C. CONSTRUCTION, INC.

Principal Place of Business

5511 DOUGH TAYLOR CIR
ST JAMES CITY FL 33922
US

Mailing Address

10580 HABITAT TRAIL
BOKEELIA FL 33922
US

2. Principal Place of Business

5511 Dough Taylor Cir

3. Mailing Address

5511 Dough Taylor Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. James City

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2577832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ERWIN, TIMOTHY C.
10580 HABITAT TRAIL
BOKEELIA FL 33922

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

01/22/01

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, 2001 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 PST
STREET ADDRESS ERWIN, TIMOTHY C.
CITY-ST-ZIP 10580 HABITAT TRAIL
BOKEELIA FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS ERWIN, GREGORY
CITY-ST-ZIP 905 SE 24 AVENUE
CAPE CORAL FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 #

Tim Erwin 01/22/01

CR2E034 (10/00)