2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 09, 2007 08:00 A Secretary of State DOCUMENT # J04824 TEPE UPHOLSTERY, INC. Principal Place of Business Mailing Address 2200 51ST ST 2200 51ST ST SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2761907 Not Applicable Zip Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired . □. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEPE, TERRY 2200 51ST STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34234 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agout and title i applicable. DATE (NOTE: Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HID ☐ Delete Blu Change Addition TEPE, TERRY NAMI NAME 7439 LINDEN LN U00000694938 STREET ADDRESS STREET ADDRESS 04/17/07-80040-023 150.00 SARASOTA FL 34243 CHY-S1-ZIE CITY-S1-7IP DITTE ☐ Delete THILE ☐ Change Addition TEPE, GREGORY NAMI NAME 5031 INVERNESS DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL CHY-SI-7IP CITY-ST-7IP Addition HHI ☐ Delete THILE ☐ Change TEPE, TIMOTHY NAMI NAME 833 PONDEROSA PINES LANE STREET ADDRESS STREET LADORESS CITY-ST-74P **BRADENTON FL** CITY - ST - 7IP DILL Delete TITLE [7] Change [] Addition SOUZA, MIKE NAMI NAME 2551 WILKINSON ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-7IP CITY-SI-7IP 11111 ☐ Defete ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-7IP Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; that I am an efficer 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 appears with an address, with all other like empowered

SIGNATURE:

SIGNATOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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