

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # J04824

1. Entity Name
TEPE UPHOLSTERY, INC.



Principal Place of Business
2200 51ST ST
SARASOTA, FL 34234

Mailing Address
2200 51ST ST
SARASOTA, FL 34234



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2761907

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TEPE, TERRY
2200 51ST STREET
SARASOTA, FL 34234

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TEPE, TERRY 7439 LINDEN LN SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEPE, GREGORY 5031 INVERNESS DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEPE, TIMOTHY 833 PONDEROSA PINES LANE BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOUZA, MIKE 2551 WILKINSON ROAD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/08-80012-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY TEPE

Date

3-26-08

Daytime Phone #

941-358-3335