

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91513 026 ***150.00

DOCUMENT # *546770*
1. Entity Name
TESGO INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2800 NORTH OCEAN DR.		3. Mailing Address 2800 NORTH OCEAN DR.	
Suite, Apt. #, etc. B-18C		Suite, Apt. #, etc. B-18C	
City & State RIVIERA BEACH, FL		City & State RIVIERA BEACH, FL	
Zip 33404	Country US	Zip 33404	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1545816	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
PRENTICE-HALL CORPORATION SYSTEM INC
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET, SUITE 105
City
TALLAHASSEE **FL** Zip Code
32301

**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.

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: ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY - ST - ZIP	PD COSTELLO, ANTHONY C 17617 RIDGE CREEK STRONGSVILLE, OH 44136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR ROBERT A. SCHMITZ 19111 DETROIT RD. STE. 201 ROCKY RIVER, OH 44116
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony C. Costello* **ANTHONY C. COSTELLO** 4-16-02 561 881 1934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #