

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90242 001 ***150.00

DOCUMENT # J46770

1. Entity Name
TESGO INTERNATIONAL INC.



Principal Place of Business
2800 NORTH OCEAN DR., B-18C
RIVIERA BCH FL 33404
US

Mailing Address
2800 NORTH OCEAN DR., B-18C
RIVIERA BCH FL 33404
US



2. Principal Place of Business
2800 N. OCEAN DR
Suite, Apt. #, etc.
B-18C

3. Mailing Address
2800 N. OCEAN DR
Suite, Apt. #, etc.
B-18C

☐ CHECK HERE IF MAKING CHANGES

City & State
RIVIERA BEACH, FLORIDA
Zip
33404 Country
U.S.A

City & State
RIVIERA BEACH, FLORIDA
Zip
33404 Country
U.S.A

4. FEI Number
34-1545816

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	PD COSTELLO, ANTHONY C 17617 RIDGE CREEK STRONGSVILLE OH 44136	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROBERT A SCHMITZ 1911 DETROIT AVE., STE 201 ROCKY RIVER OH 44116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony C Costello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-03

561 881 1934

Date

Daytime Phone #

CR2E034 (10/02)