## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT

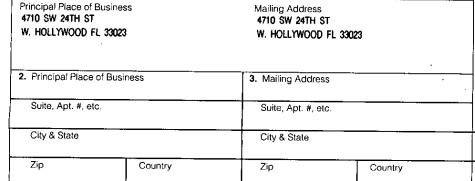
1. Entity Name TEE GROUP, INC



FILED Jan 13, 2003 8:00 am Secretary of State

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☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0098579 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EVANS, TERRY LEE Street Address (P.O. Box Number is Not Acceptable) 4710 SW 24TH ST W. HOLLYWOOD FL 33023 City Zip Code

8.	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.	the State of Florida	l am familiar with	and accord
	the obligations of registered agent.	the otate of horida.	an an anna with,	and accept

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI E ☐ Delete TITLE ☐ Change ☐ Addition EVANS, TERRY LEE NAME 🦡 NAME 4710 SW 24TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP W. HOLLYWOOD FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME EVANS, SHIRLEY W NAME STREET ADDRESS 4710 SW 24 ST. STREET ADDRESS CITY-ST-ZIP W HOLLYWOOD FL CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: