

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90199 014 ***150.00

DOCUMENT # K68612

1. Entity Name
TEB INC.



Principal Place of Business

1325 S PWERLINE RD

STE 7

POMPANO BEACH FL 33069

Mailing Address

1325 S PWERLINE RD

STE 7

POMPANO BEACH FL 33069



2. Principal Place of Business

1319 S. Powerline Rd

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

Florida

3. Mailing Address

1319 S. Powerline Rd

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

Florida

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0101716

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAIOCCO, THOMAS

381 SW 6TH TERRACE

POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Thomas Baiocco

4/6/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAIOCCO, THOMAS 381 SW 6TH TERRACE POMPANO BEACH FL 33060 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Thomas Baiocco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/03

Date

954-974-2820

Daytime Phone #

CR2E034 (10/02)