

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90021 008 ****55.00

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1. Entity Name
TESONE DEVELOPMENT LLC

Principal Place of Business
**26300 SOUTHERN PINES DR.
BONITA SPRINGS FL 34135**

Mailing Address
**5374 WM. FLYNN HIGHWAY
GIBSONIA PA 15444-9650**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3687236**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TESONE, ANTHONY R
26300 SOUTHERN PINES DR.
BONITA SPRINGS FL 34135**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P T** Delete
NAME **TESONE, ANTHONY R**
STREET ADDRESS **26300 SOUTHERN PINES DRIVE**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VST** Delete
NAME **TESONE, JOSEPH V**
STREET ADDRESS **5374 WM. FLYNN HIGHWAY**
CITY-ST-ZIP **GIBSONIA PA 15044-9650**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** Delete
NAME **WEAVER, DOUGLAS**
STREET ADDRESS **5374 WM. FLYNN HIGHWAY**
CITY-ST-ZIP **GIBSONIA PA 15044-9650**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **REQUIRED** **2/06/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)