

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/8

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

04-08-2002 90209 038 ****61.25

DOCUMENT # L01000013409

1. Entity Name
TAES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2149 E. Ocean Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2393
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Stuart, FL

City & State
Stuart, FL

4. FEI Number
65-1130456

Applied For
Not Applicable

Zip
34996
Country
USA

Zip
34995
Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Tom Aydelotte

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

City
Jensen Beach **FL** Zip Code
34957

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Officer
Edward M. Sellian
6794 Isle Way Ave.
Stuart, FL 34996

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Tom Aydelotte
528 Alice St.
Stuart, FL 34957

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Thomas Aydelotte
W. THOMAS Aydelotte

3/28/02

IF Questions 772-223-3646