

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L55167

1. Entity Name

TEX TEX CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90129 026 ***150.00

Principal Place of Business

Mailing Address

701 E. CAMINO REAL
SUITE 12A
BOCA RATON FL 33432
US

4323 DIVISION ST. STE. 106
METAIRIE FL 70002-3179
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Metairie, Louisiana

4. FEI Number 65-0178376

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, DONALD J
1400 CENTREPARK BLVD
STE 909
WEST PALM BEACH FL 33401

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.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME EDMONDSON, THOMAS E.
STREET ADDRESS 701 E CAMINO REAL #12A
CITY-ST-ZIP BOCA RATON FL

TITLE P ☒ Change ☐ Addition
NAME Edmondson, Jr., M.P.
STREET ADDRESS 69 Schill Ave.
CITY-ST-ZIP Kenner, LA 70065

TITLE D ☒ Delete
NAME EDMONDSON, THOMAS E.
STREET ADDRESS 701 E. CAMINO REAL #12A
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ Change ☐ Addition
NAME Edmondson, Jr., M.P.
STREET ADDRESS 69 Schill Ave.
CITY-ST-ZIP Kenner, LA 70065

TITLE VPST ☐ Delete
NAME EDMONDSON, JR. M
STREET ADDRESS 69 SCHILL AVENUE
CITY-ST-ZIP KENNER LA

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
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. P. Edmondson, Jr., President

Date

Daytime Phone #

504 455-3371

CR2E034 (9/99)