

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90040 012 \*\*\*150.00

**DOCUMENT # L76650**

1. Entity Name  
**TEK-NET, INC.**

Principal Place of Business

**5900 JENSEN VILLAGE ROAD  
 POLAND IN 47868  
 US**

Mailing Address

**5900 JENSEN VILLAGE ROAD  
 N/A  
 POLAND IN 47868  
 US**



2. Principal Place of Business

**5900 JORDAN VILLAGE RD.**

Suite, Apt. #, etc.

3. Mailing Address

**5900 JORDAN VILLAGE RD.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**POLAND IN.**

City & State  
**POLAND IN.**

4. FEI Number

**65-0196568**

Applied For

Not Applicable

Zip  
**47868**

Country  
**USA**

Zip  
**47868**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOUGHRAN, DONALD  
 7522 WILES RD  
 SUITE 102  
 CORAL SPRINGS FL 33067**

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.

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BARNES, TRACEY L 5900 VILLAGE ROAD POLAND IN 47868</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BARNES, TRACEY L 5800 JORDAN VILLAGE ROAD POLAND IN 47868</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARNES TRACEY L. 5900 JORDAN VILLAGE RD. POLAND IN 47868</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BARNES TRACEY L. 5900 JORDAN VILLAGE RD. POLAND IN 47868</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Tracey L. Barnes** **TRACEY L. BARNES** **2/24/02** **812-829-1072**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)