FILED
Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90012 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M68093

1. Entity Name
TESSERACT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3680 HARTSFIELD ROAD	P.O. BOX 4229
TALLAHASSEE FL 32303	TALLAHASSEE FL 32315-1229
US	US

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2885989 ☐ Applied For ☐ Not Applicable

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
BENEDICT, C.E.	Name
3114 LAKESHORE DR W 32312	Street Address (P.O. Box Number is Not Acceptable)
3680 HARTSFIELD ROAD	
TALLAHASSEE FL 32303	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 ______ 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	P BENEDICT, CHARLES E. 3207 REMINGTON RUN TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BENEDICT, PATRICIA C. 3207 REMINGTON RUN TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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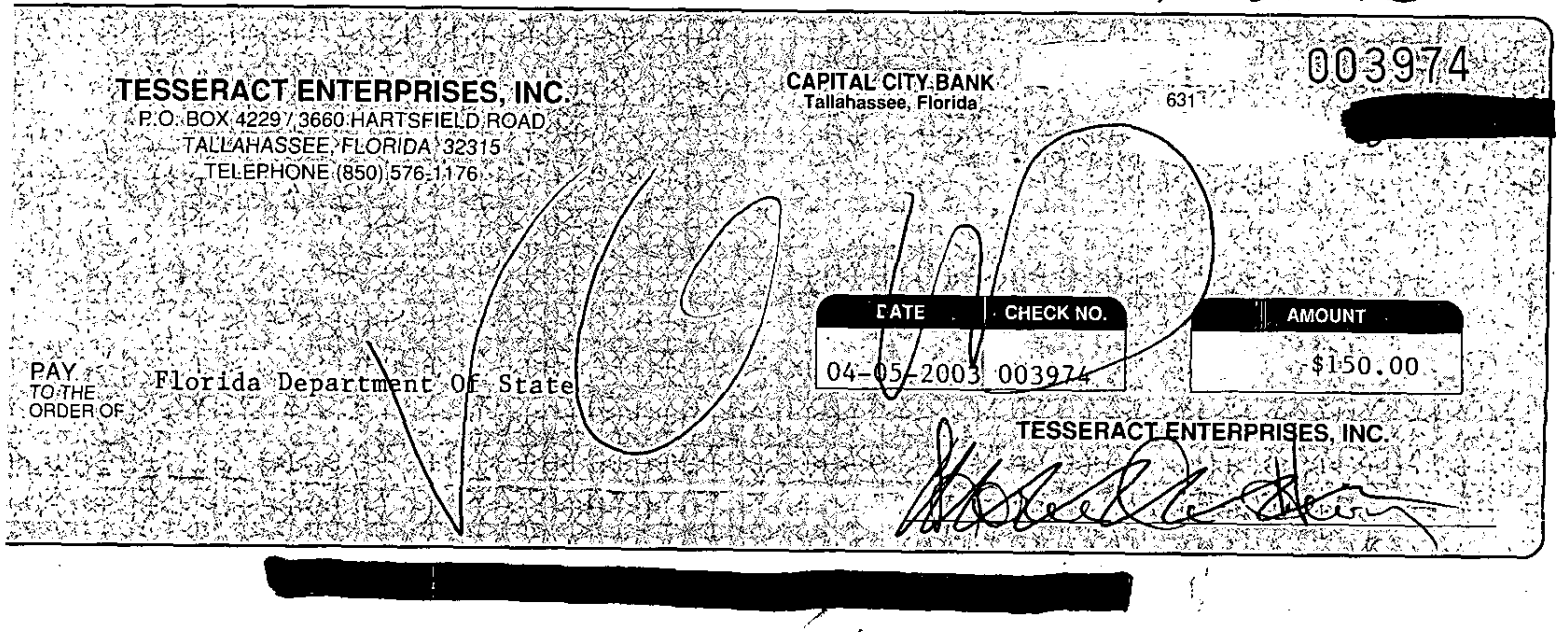
CR2E034 (10/02)

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: (SIGNED) 01/07/03 (850) 576-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #

8D125928
M68093



TESSERACT ENTERPRISES, INC.
P.O. BOX 4229 / 3660 HARTSFIELD ROAD
TALLAHASSEE, FLORIDA 32315
TELEPHONE (850) 576-1176

CAPITAL CITY BANK
Tallahassee, Florida

631

003974

[redacted]

DATE	CHECK NO.	AMOUNT
04-05-2003	003974	$150.00

PAY TO THE ORDER OF Florida Department Of State

TESSERACT ENTERPRISES, INC.

[redacted]