

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004306

1. Entity Name
TEE & REG CARE INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91187 042 ****70.00

Principal Place of Business
**PO BOX 431
HAVANA FL 32333**

Mailing Address
**PO BOX 431
HAVANA FL 32333**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
105 Oakland Ave

3. Mailing Address
105 Oakland Ave

City & State
Sanford, FL

City & State
Sanford, FL

4. FEI Number
59-3730653

Applied For
☐ Not Applicable

Zip
32773

Country
Seminole

Zip
32773

Country
Seminole

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

**HATCHER, THOMASENE
905 SW 4TH ST.
HAVANA FL**

Name
Thomaseene Hatcher

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

105 Oakland Ave

City
Sanford FL 32771 FL

Zip Code
32773

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 _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HATCHER, THOMASENE
PO BOX 431
HAVANA FL 32333** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D MIMS, REGGIE
PO BOX 431
HAVANA FL 32333** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HATCHER, ZEALENE
105 OAKLAND AVE.
SANFORD FL 32771** ☐ Delete

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

TITLE
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☐ Delete

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☐ Change ☐ Addition

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

SIGNATURE **Thomaseene Hatcher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/58/02
Date
407-322-2177
Daytime Phone #

CR2E037 (9/01)