

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004287

1. Entity Name

TEC CONSULTANTS INTERNATIONAL, CORP.

Principal Place of Business

20343 SW THIRD STREET
PEMBROKE PINES FL 33029

Mailing Address

20343 SW THIRD STREET
PEMBROKE PINES FL 33029

2. Principal Place of Business

P.O. Box 826682

3. Mailing Address

P.O. Box 826682

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S. Florida, FL.

City & State

South. Florida, Florida

Zip

33082

Country

USA

Zip

33082

Country

4. FEI Number

65-1079232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGDON, CALVERT
20343 SW THIRD STREET
PEMBROKE PINES FL 33029

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, 2001 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 PD
NAME LANGDON, CALVERT ☒ Delete
STREET ADDRESS 20343 SW THIRD STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE SD
NAME LANGDON, SHIRLEY ☒ Delete
STREET ADDRESS 20343 SW THIRD STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D.
NAME Langdon Calvert ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 826682
CITY-ST-ZIP S. Florida, FL-33082

TITLE SD
NAME Langdon Shirley ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 826682
CITY-ST-ZIP S. Florida, FL-33082

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

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

TITLE ☐ Change ☐ Addition
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:

Calvert Langdon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01

Date

954-401-9507

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90082 008 ***150.00

00064043



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)