## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000008682 1. Entity Name TEA ROSE COTTAGE, INC. 05-14-2001 90244 011 \*\*\*150.00 Principal Place of Business Mailing Address 149 OAK GROVE LANE 149 OAK GROVE LANE MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE FEI Number City & State City & State Applied For Not Applicable Zip Country Country<sup>T</sup> Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THADEN, THOMAS S Street Address (P.O. Box Number is Not Acceptable) 149 OAK GROVE LANE **MERRITT ISLAND FL 32952** City Zip Code FL 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, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President TITLE Delete TITLE ☐ Change G. Thaden NAME oak Grove Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Island FL 32952 Delete TITLE ☐ Change **★** Addition TITLE M. Scabarozi NAME NAME STREET ADDRESS STREET ADDRESS a bay -CITY-ST-ZIP CITY\_ST-ZIP.\_ ☐ Delete TITLE ☐ Change TITLE Addition Scabarozi NAME NAME STREET ADDRESS STREET ADDRESS FL 32952 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME oak Grove Lane STREET ADDRESS STREET ADDRESS Island, FL 32962 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4-29-2001

(321) 799-6999

Daytime Phone #

CR2E034 (10)