

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-21-2003 90299 050 ***150.00
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DOCUMENT # P00000029694 ✓
1. Entity Name
TETRA CONSULTANT INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 27 AM 8:00

Principal Place of Business Mailing Address
579 AZURE AVE
WELLINGTON FL 33414

2. Principal Place of Business 3. Mailing Address
579 AZURE AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WELLINGTON FL 33414

Zip Country Zip Country
33414 PB

REINSTATEMENT 03-04

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FRANKLIN, ELLIOTT A
2777 S CONGRESS AVE
LAKE WORTH FL 33461

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (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

TITLE PD	<input type="checkbox"/> Delete
NAME RICHARD STAUDT	
STREET ADDRESS 579 AZURE AVE	
CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **4-17-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)