

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-12-2003 90107 035 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000074511

1. Entity Name
TEKA USA, INC.



55018578

Principal Place of Business
9600 KOGER BLVD
SUITE 105
SAINT PETERSBURG FL 33702

Mailing Address
9600 KOGER BLVD
SUITE 105
SAINT PETERSBURG FL 33702



2. Principal Place of Business
4920 W. Cypress St.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 106

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

Zip
33607

Country

WILSONBOROUGH

Zip

Country

4. FEI Number 65-1042538

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ATTIKINSON, JAMES R
9600 KOGER BLVD
SUITE 105
SAINT PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name James R. Atkinson
Street Address (P.O. Box Number is Not Acceptable)
(NO OTHER CHANGES)
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

J. R. Atkinson, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/03

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 D
NAME TRAPP, HELMUT
STREET ADDRESS 142 N EAST STREET SUITE C
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE D
NAME HILL, R. PATRICK
STREET ADDRESS 112 N EAST STREET SUITE C
CITY-ST-ZIP TAMPA FL 33602 ☒ Delete

TITLE D
NAME PABESIO, JESUS
STREET ADDRESS 112 N EAST STREET SUITE C
CITY-ST-ZIP TAMPA FL 33602 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 9600 KOGER BLVD SUITE 105
CITY-ST-ZIP ST. PETERSBURG ☒ Change ☐ Addition

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

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

TITLE D
NAME DR. KLAUS GRAF
STREET ADDRESS 9600 KOGER BLVD. SUITE 105
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Change ☒ Addition

TITLE D P
NAME James R. Atkinson
STREET ADDRESS 9600 KOGER BLVD. SUITE 105
CITY-ST-ZIP ST. PETERSBURG, FL 33702 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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: SIGNATURE REQUIRED J. RAN, Pres. 3/20/03 727-576-3803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)