

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90004 028 ***150.00

DOCUMENT # P00000083322

1. Entity Name
SHARON TESSEM INC.

Principal Place of Business Mailing Address
1637 SE SHELburnIE WAY 1637 SE SHELburnIE WAY
PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1037484** Applied For
 Not Applicable

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

CORPORATE CREATIONS NETWROK INC.
941 4TH ST, #200
MIAMI BEACH FL 33133-9

Name **VIDAR TESSEM**
 Street Address (P.O. Box Number is Not Acceptable) **1637 S.E. Shelburnie Way**
 City **Port St. Lucie** FL **34952**

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 *Vidar Tessem* **Vidar Tessem** **03.18.01**
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 ☐ \$5.00 May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **TESSEM, SHARON A**
 STREET ADDRESS **6137 SE SHELburnIE WAY**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **President** ☒ Change ☐ Addition
 NAME **Sharon A. Tessem**
 STREET ADDRESS **1637 S.E. Shelburnie Way**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 *Sharon A. Tessem, Pres.* **Sharon A. Tessem** **03.18.01** **561 337 5562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)