2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90311 036 ***150.00

DOCUMENT # P00000099890

1. Entity Name
TEC SERVICES, INC.

Principal Place of Business	Mailing Address
1205 SOPHIE BLVD ORLANDO FL 32828	1205 SOPHIE BLVD ORLANDO FL 32828

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
432 ASCOT CT	432 ASCOT CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: SANFORD FL
Zip: 32773 Country: SEMINOLE	Zip: 32773 Country: SEMINOLE

4. FEI Number 59-3679009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, THOMAS E
1205 SOPHIE BLVD
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name: CAMPBELL THOMAS E
Street Address (P.O. Box Number is Not Acceptable): 432 ASCOT CT
City: SANFORD FL Zip Code: 32773

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: THOMAS E CAMPBELL — 4/19/01
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, THOMAS E 1205 SOPHIE BLVD ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL THOMAS E 432 ASCOT CT SANFORD FL 32773	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] THOMAS E CAMPBELL 4/19/01 4075389550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)