P01000002415

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
,						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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SLURETARY OF STATE

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September 1, 2003

Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: P01000002415

Dear Madam/Sir:

For our company, TekConsultans.net, Inc., please send me a Certificate of Status. We have already renewed our status until January 2004, but we need a Certificate showing this..

Also please designate the following person as our Registered Agent:

Name:

Antonio DiPollina

Work address:

8870 N. Himes Ave., Suite 102, Tampa FL 33614

Work phone:

1-800-848-7218 x243

Home address:

5102 Burnside Ct., Tampa FL 33624

Home phone:

813-969-2803

Email:

tony@tekconsultants.net

I am enclosing a check for \$43.75: \$8.75 for the Certificate of Status and \$35.00 for Agent Registration.

Please send certificate to:

TekConsultants.net 8870 N. Himes Ave., Suite 102 Tampa FL 33614

Sincerely yours,

Antonio DiPollina

President, TekConsultants.net, Inc.

a De



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 12, 2003

TEKCONSULTANTS.NET 8870 N. HIMES AVE., SUITE 102 TAMPA, FL 33614

SUBJECT: TEKCONSULTANTS.NET, INC.

Ref. Number: P01000002415

We have received your document for TEKCONSULTANTS.NET, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Document Specialist

Letter Number: 703A00050834

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502			Florida Statutes,	• •
	d corporation organized under the lowing statement in order to chan			and or hoth in	• • • • • •
the State of Flo	orida		-	geni, or ooin, in	
1. The name of	f the corporation: Tek Cov	sultants.	net Inc		
		en Eriginia de la g	الرواد والمستور وينهوا والمارات	e for	
2. The mailing	address of the corporation: 57	ioz Burns	ide Ct, Ta	mpa FL3	3629
		<u> </u>	<u> </u>	****	
3. Date of inco	prporation/qualification: 12	Doc Doc	ument number: P o	10000024	73
4. The name ar	nd address of the current registered	agent and register	ed office:	3 8 T	<u>-</u>
	nove		en alian l e l	78 T	
				SEE P	n
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		下 - C	ָב.
5 The name ar	nd address of the new registered ag	rent (if changed) an		- 으	
	(P.O. Box I	NOT Acceptable)	(a) or vo8:000.64 orm	ر د وی استان د	
	Antonio DiPollina			. ,	
	5102 Burnside Ct	-	·		·- _w . <u>-</u> , - , -
	Tampa FL 33624			A STATE OF THE STA	स्टब्स् स्टब्स्स
The street addragent, as chang	ress of its registered office and the ged, will be identical.	e street address of	the business office of	of its registered	
Such change w	as authorized by resolution duly the board.	adopted by its boar	rd of directors or by	an officer so	
	<i>^</i>	•		0-2003	
(Signature	of an officer, chairman or vice chairman of	the board)	(Date)		فخد .
Autonia	o Di Pollina Presi'd (Printed or typed name and title)	leut	16.		شم = جدد ب
Having been n corporation, I I further agree performance o registered agei	amed as registered agent and to a hereby accept the appointment as to comply with the provisions of f my duties, and I am familiar wit	accept service of property registered agent of all statutes relative hand accept the o	rocess for the above and agree to act in t e to the proper and bligation of my pos	stated his capacity. complete ition as	. 5
	O D. Collem		10-20-20	03	
()	Signature of Registered Agent)		(Date)		
If signing on beha	alf of an entity:	-			
	(Typed or Printed Name)		(Capacity)	<u> </u>	
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* * * FILING FEE: \$35.00 * * *