

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91429 001 ***150.00

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DOCUMENT # P01000027097

1. Entity Name
TECTRON BUSINESS DEVELOPMENT, INC.



Principal Place of Business
10 CENTRAL PKWY. STE 100
STUART FL 34994

Mailing Address
10 CENTRAL PKWY. STE 100
STUART FL 34994



2. Principal Place of Business

8718 150th Ct N
Suite, Apt. #, etc.

3. Mailing Address

8718 150th Ct N
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City, State

PBG FL

City, State

PBG FL

4. FEI Number 65-1084692

Applied For
Not Applicable

Zip 33418

Country USA

Zip 33418

Country USA

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

6. Name and Address of Current Registered Agent

BOVI, DAVID M
319 CLEMATIS ST, STE 812
W PALM BEACH FL 33401

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 P
NAME MYLER, LISA
STREET ADDRESS 10 CENTRAL PKWY #100
CITY-ST-ZIP STUART FL 34994

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME myler, LISA
STREET ADDRESS 8718 150th Ct N
CITY-ST-ZIP PBG, FL 33418 } Change of Address

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (561) 740-1671

Date Daytime Phone #

CR2E034 (10/02)