

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90363 007 ***550.00

DOCUMENT # P01000031930

1. Entity Name
TENBRINK & ASSOCIATES, INC.

Principal Place of Business

35512 CHESTER DRIVE
ZEPHYRHILLS FL 33541

Mailing Address

35512 CHESTER DRIVE
ZEPHYRHILLS FL 33541

2. Principal Place of Business

35424 Chester Dr.

Suite, Apt. #, etc.

3. Mailing Address

35424 Chester Dr.

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

Zip 33541

Country PASCO

City & State

Zephyrhills, FL

Zip 33541

Country PASCO

4. FEI Number

59-3713825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TENBRINK, GORDON L

35512 CHESTER DRIVE

ZEPHYRHILLS FL 33541

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

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)

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FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME TENBRINK, GORDON L
STREET ADDRESS 35512 CHESTER DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL 33541

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E034 (4/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/02 813-782-0678