APPROVED AND FILED

03 SEP -9 PM 6:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032771

1. Entity Name
TEESIDE PROPERTIES, INC.

Principal Place of Business	Mailing Address
10235 W SAMPLE ROAD STE 201 CORAL SPRINGS, FL 33065	10235 W SAMPLE ROAD STE 201 CORAL SPRINGS, FL 33065

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1158798 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHANDLER, LARRY
10235 W SAMOLE ROAD STE 201
CORAL SPRINGS, FL 33065

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 Larry Chandler 8-29-03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE AN ANNUAL REPORT ... Amended UBR ... 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	PD	☐ Delete
NAME	CHANDLER, LARRY	
STREET ADDRESS	10235 W SAMPLE ROAD STE 201	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	CEO	☐ Delete
NAME	THILENIUS, MARK	
STREET ADDRESS	10235 W SAMPLE RD, SUITE 201	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	SEC	☐ Delete
NAME	THILENIUS, SANDRA	
STREET ADDRESS	10235 W SAMPLE RD #201	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	TREA	☐ Delete
NAME	CHANDLER, PATRICIA L	
STREET ADDRESS	10235 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: Larry Chandler 8-29-03 954 752 3557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #