

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90034 015 ***158.75

DOCUMENT # P01000040584

1. Entity Name
TEK CORP

Principal Place of Business

1102 E. NURSERY RD.
 SANTA ROSA BCH FL 32459

Mailing Address

1102 E. NURSERY RD.
 SANTA ROSA BCH FL 32459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2217 Hwy 30-A

3. Mailing Address

2217 Hwy 30-A

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

SANTA ROSA BEACH, FL

City & State

SANTA ROSA BEACH, FL

4. FEI Number

59-3717752

Applied For

Not Applicable

Zip

Country

32459 U.S.

Zip

Country

32459 U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, JAMES J ESQ.
 30 S. SHORE DR.
 DESTIN FL 32550

7. Name and Address of New Registered Agent

Name: TAMARA ESPEY
 Street Address (P.O. Box Number is Not Acceptable): 2217 HWY. 30-A
 Suite E.
 City: SANTA ROSA BEACH, FL Zip Code: 32459

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: Tamara Espey TAMARA ESPEY, V.P. 1-17-02
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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ESPEY, KEVIN B	
STREET ADDRESS	1102 E. NURSERY RD.	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESPEY, TAMARA N	
STREET ADDRESS	1102 E. NURSERY RD.	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN ESPEY	
STREET ADDRESS	1102 E. NURSERY ROAD	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	D/VP/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMARA ESPEY	
STREET ADDRESS	1102 E. NURSERY RD.	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Tamara Espey TAMARA ESPEY 1-17-02 850-622-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)