

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90089 033 \*\*\*158.75

DOCUMENT # P01000040584



1. Entity Name  
TEK CORP

Principal Place of Business  
2217 HWY 30-A  
SUITE E  
SANTA ROSA BCH FL 32459

Mailing Address  
2217 HWY 30-A  
SUITE E  
SANTA ROSA BCH FL 32459



2. Principal Place of Business  
1102 E. NURSERY ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
1102 E. NURSERY ROAD  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
SANTA ROSA BEACH, FL  
Zip  
32459  
Country  
USA

City & State  
SANTA ROSA BEACH, FL  
Zip  
32459  
Country  
U.S.A.

4. FEI Number 59-3717752  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
ESPEY, TAMARA  
2217 HWY 30-A  
SUITE E  
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent  
Name TAMARA ESPEY  
Street Address (P.O. Box Number is Not Acceptable)  
1102 E. NURSERY ROAD  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tamara Espy  
Signature, typed or printed name of registered agent and title if applicable.

4/5/03  
DATE

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: TAMARA ESPEY TAMARA ESPEY 4/5/03 850-622-4751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)