

**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.

DATE 4/5/03
(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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 DATE 4/5/03 DAYTIME PHONE # 850-622-4751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)