

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90696 037 ***150.00

DOCUMENT # P02000037920

1. Entity Name
T-QUIP OF FLORIDA, INC.



Principal Place of Business
14 EAST WASHINGTON STREET
SUITE 600
ORLANDO FL 32801

Mailing Address
14 EAST WASHINGTON STREET
SUITE 600
ORLANDO FL 32801

55005630



2. Principal Place of Business

9409 BOYCE AVE
Suite, Apt. #, etc.

3. Mailing Address

9409 BOYCE AVE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL
Zip
32824
Country
U.S.

City & State
ORLANDO, FL
Zip
32824
Country
U.S.

4. FEI Number

810545486

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANG, THOMAS F
14 EAST WASHINGTON STREET
SUITE 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
TODD UDELSON
Street Address (P.O. Box Number is Not Acceptable)
9409 BOYCE AVE.
City
ORLANDO
FL
Zip Code
32824

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

1-7-03

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
D
THIBEAULT, ERNEST J III
14 EAST WASHINGTON STREET #600
ORLANDO FL 32801
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
TODD UDELSON
9409 BOYCE AVE
ORLANDO, FL. 32824
☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 addendum, with all other like empowered.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

407-888-4121

Daytime Phone #

CR2E034 (10/02)