

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-14-2003 90345 040 ***100.00
FILE P02000069145

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DOCUMENT # P02000069145

1. Entity Name
TEE TIME INDUSTRIES, INC.



03 JUL 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1950 1ST AVE N
ST PETERSBURG FL 33713

Mailing Address
1950 1ST AVE N
ST PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2293367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALSTEAD, LARRY
1950 1ST AVE N
ST PETERSBURG FL 33713

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME LARRY HALSTEAD
STREET ADDRESS 1950 1ST AVE N
CITY-ST-ZIP St Petersburg, FL 33713

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800016210798
04/17/03--01046--001 **200.00

☐ Change ☐ Addition

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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, 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 to an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED LARRY HALSTEAD

4/8/03

(727)
820-9860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)

Attachment

July 10, 2003

90142561

#002000069145

To: Florida Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Letter NO. 903A00024013

I received the enclosed letter today
and immediately called an examiner to
find out what to do. I had no idea
that the fee was not paid therefore
I am asking for a waiver of the \$400⁰⁰

fee.

Thank you very much for your
consideration.

Larry Halestead
Zee Zine Industries, Inc