

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90112 006 ***150.00

DOCUMENT # P02000069180

1. Entity Name
TESSNER CORPORATION



Principal Place of Business
**38906 N AVE
ZEPHYRHILLS FL 33540**

Mailing Address
**38906 N AVE
ZEPHYRHILLS FL 33540**



☐ CHECK HERE IF MAKING CHANGES

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

05-0541735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAYMAN, STEPHEN ESQ
412 E MADISONST, STE 1111
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Barrie Ross**

Street Address (P.O. Box Number is Not Acceptable)

8801 Hunters Lake Dr # 1023

City

TAMPA

FL

Zip Code

33647

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE **D**
NAME **TESSNER, VANCE**
STREET ADDRESS **38906 N AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **TESSNER, TINA**
STREET ADDRESS **38906 N AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 813-715-0560
Date Daytime Phone #

CR2E034 (10/02)