

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91208 002 ***150.00

DOCUMENT # P0200001237

1. Entity Name

TMEC INC.



DO NOT WRITE IN THIS SPACE

24066148

2. Principal Place of Business

4421 US92EAST

3. Mailing Address

4421 US92EAST

Suite, Apt. #, etc.

Suite 109

Suite, Apt. #, etc.

Suite 109

City & State

LAKELAND FL.

City & State

LAKELAND FL.

Zip

33801

Country

FLK

Zip

33801

Country

FLK

4. FEI Number

481267107

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN WESSARY

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

213 BOONE DR

City

Auburn Dale

FL

Zip Code

33823

**DO NOT WRITE
IN THIS SPACE**

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

JOHN WESSARY

4/30/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRES. JOHN WESSARY
NAME: JOHN WESSARY
STREET ADDRESS: 213 BOONE DR
CITY-ST-ZIP: AUBURN DALE FL 33823

TITLE: SECY. NANCY WESSARY
NAME: NANCY WESSARY
STREET ADDRESS: 213 BOONE DR
CITY-ST-ZIP: AUBURN DALE FL 33823

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**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN WESSARY

4/30/04

863-665-7297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)