

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

DOCUMENT # P02000106989

1. Entity Name
TECHNICAL EVALUATION SERVICES, INC.



FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90066 007 ***150.00

0018997 AV

Principal Place of Business
**4186 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

Mailing Address
**4186 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

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

76-0713947

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN LEAR, LAURA E
4186 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VAN LEAR, LAURA E
4186 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
JOHNSON, MARK E
4186 S. TROPICAL TRAIL
MERRITT ISLAND FL 32952**

☐ Delete

TITLE
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CITY-ST-ZIP
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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

7/28/03

Date

321 452 9710

Daytime Phone #

CR2E034 (4/03)

Attachment #

80134285
PO 2000106989

Banana Flats

7/28/03

AS PER INSTRUCTIONS;

TECHNICAL EVALUATION SERVICES, INC.

DID NOT RECEIVE THE FIRST
NOTICE FOR 2003 UBR.

THIS CHECK FOR \$150⁰⁰ IS
FOR PAYMENT ACCORDING

TO INSTRUCTIONS IN THE
NOTICE PACKAGE. PLEASE
NOTIFY IF ANY FURTHER
ACTION IS REQUIRED ON MY
PART.

THANK YOU

Mark S. Shuman