# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90137-003-$150.00-$150.00

FILED
03 SEP 29 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000112533

1. Entity Name
TEAK EXPERIENCE, CO.

| Principal Place of Business | Mailing Address |
|---|---|
| 13141 MCGREGOR BLVD STE 9<br>FT. MYERS FL 33919 | 261 MONARCH DRIVE<br>STREAMWOOD IL 60107 |

☑ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 27200 Riverview Cntr. Blvd. | |
| Suite, Apt. #, etc.<br>Suite 103 | Suite, Apt. #, etc. |
| City & State<br>Bonita Springs, FL | City & State |
| Zip 34134 Country USA | Zip Country |

4. FEI Number 14 1853433 ☐ 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 |
|---|---|
| SCHUMANN, RAYMOND L<br>13141 MCGREGOR BLVD STE 9<br>FT. MYERS FL 33919 | Name Raymond L. Schumann<br>Street Address (P.O. Box Number Is Not Acceptable)<br>27200 Riverview Center Blvd.<br>Suite 103<br>City Bonita Springs FL Zip Code 34134 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | DP<br>THOMAS, SUZANNE H<br>261 MONARCH DRIVE<br>STREAMWOOD IL 60107 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>THOMAS, RICHARDS C<br>261 MONARCH DRIVE<br>STREAMWOOD IL 60107 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>THOMAS, MARIE H<br>261 MONARCH DRIVE<br>STREAMWOOD IL 60107 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 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 address, with all other like empowered.

**SIGNATURE:** _____ 9/24/03 239-949-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01075G0 AB

CR2E034 (4/03)

9/30