

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90061 019 ***150.00

DOCUMENT # P02000122779

1. Entity Name
TTED CORP



Principal Place of Business
**14772 EAGLES CROSSING DR.
ORLANDO FL 32837
US**

Mailing Address
**14772 EAGLES CROSSING DR.
ORLANDO FL 32837
US**



2. Principal Place of Business
14772 EAGLE CROSSING DR.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL.

City & State

4. FEI Number
06-1662199

Applied For
Not Applicable

Zip
32837 Country
USA

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEGAL ZOOM NEVADA, INC.
395 ALHAMBRA CIRCLE, SUITE 301
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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

TITLE **P** ☒ Delete
NAME **SWAN, THERESA D**
STREET ADDRESS **14772 EAGLES CROSSING DR.**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **T** ☒ Delete
NAME **ELLIOTT, THERESA**
STREET ADDRESS **14772 EAGLES CROSSING DR.**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☒ Change ☐ Addition
NAME **SWAN, THERESA D**
STREET ADDRESS **14772 EAGLE CROSSING DR.**
CITY-ST-ZIP **ORLANDO, FL. 32837**

TITLE **VP. SEC.** ☒ Change ☐ Addition
NAME **ELLIOTT, THERESA**
STREET ADDRESS **14772 EAGLE CROSSING DR.**
CITY-ST-ZIP **ORLANDO, FL. 32837**

TITLE **P** ☐ Change ☒ Addition
NAME **ATANASIO, EDWARD**
STREET ADDRESS **14772 EAGLE CROSSING DR.**
CITY-ST-ZIP **ORLANDO, FL. 32837**

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

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

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

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: **ESLAVATE NEGRO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/3/03 Daytime Phone #

CR2E034 (10/02)