

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90163 050 ***150.00

0008478 AT

DOCUMENT # P02000130367

1. Entity Name
TEDLYN, INC.



Principal Place of Business
**700 SOUTH FEDERAL HIGHWAY SUITE 200
BOCA RATON FL 33432**

Mailing Address
**700 SOUTH FEDERAL HIGHWAY SUITE 200
BOCA RATON FL 33432**

2. Principal Place of Business
1248 VISTA DEL MAR DR
Suite, Apt. #, etc.

3. Mailing Address
1248 VISTA DEL MAR DR
Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL
Zip
33483
Country
PALM BEACH

City & State
DELRAY BEACH, FL
Zip
33483
Country
PALM BEACH

4. FEI Number
59-3762947
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARELLEK, STEVEN
700 SOUTH FEDERAL HIGHWAY SUITE 200
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name
THEODORE C. RAUCH
Street Address (P.O. Box Number is Not Acceptable)
1248 VISTA DEL MAR DR
City
DELRAY BEACH FL Zip Code
33483

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 **THEODORE C. RAUCH, PRES. 6/04/2003**
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 PRESIDENT / SECRETARY	<input type="checkbox"/> Delete
NAME THEODORE C. RAUCH	
STREET ADDRESS 1248 VISTA DEL MAR DR	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE VICE PRESIDENT / TREASURER	<input type="checkbox"/> Delete
NAME MARILYN H. RAUCH	
STREET ADDRESS 1248 VISTA DEL MAR DR	
CITY-ST-ZIP DELRAY BEACH, FL 33483	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** **Co Op/2003 561-278-9117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)