

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P30999**

1. Entity Name  
**TENSAT, INC.**



Principal Place of Business  
**5201 102ND AVE N  
PINELLAS PARK, FL 33782 US**

Mailing Address  
**5201 102ND AVE N  
PINELLAS PARK, FL 33782 US**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-2903611**

Applied For  
Not Applicable

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

**5. Name and Address of Current Registered Agent**

**RUPPEL, DENNIS G  
5201 102ND AVE N  
PINELLAS PARK, FL 33782**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RUPPEL, GEORGE  
5201 - 102ND AVENUE NORTH  
PINELLAS PARK, FL 33782**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RUPPEL, DENNIS G  
5201 - 102ND AVENUE NORTH  
PINELLAS PARK, FL 33782**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SEIDL, FRANK  
5201 102ND AVE N  
PINELLAS PRK, FL 33782**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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07/07/04-80013-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Frank Seidl* / Frank Seidl  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/1/04* 727-546-2446  
Date Daytime Phone #  
*ext 2376*