

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40775

1. Entity Name

TESECON, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 7452 POST OFFICE BOX 7452
MOBILE AL 36670 MOBILE AL 36670

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 63-0968920 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HALL, SHELDON R.
1138 SE 5TH ST.
OCALA FL 34471

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.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE DCP
NAME MILLER, RICHARD D.
STREET ADDRESS 7012 NO. CHARLESTON OAKS
CITY - ST - ZIP MOBILE AL 36695 ☐ Delete

TITLE DVC
NAME MILLER, WILLIAM F.
STREET ADDRESS 6904 STONEBROOK DR N
CITY - ST - ZIP MOBILE AL 36695 ☐ Delete

TITLE D
NAME MILLER, SHERRY P.
STREET ADDRESS 7012 NO. CHALESTON OAKS
CITY - ST - ZIP MOBILE AL 36695 ☐ Delete

TITLE T
NAME MILLER, RICHARD D.
STREET ADDRESS 7012 NO. CHARLESTON OAKS
CITY - ST - ZIP MOBILE AL 36695 ☐ Delete

TITLE VPS
NAME MILLER, WILLIAM F.
STREET ADDRESS 6904 STONEBROOK DR. N.
CITY - ST - ZIP MOBILE AL 36695 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90010 039 ***150.00

DO NOT WRITE IN THIS SPACE