

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91334 035 ***150.00

DOCUMENT # P40775

1. Entity Name

TESECON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 7452

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 7452

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MOBILE, AL

City & State
MOBILE, AL

4. FEI Number
63-0968920

Applied For
Not Applicable

Zip
36670

Country
MOBILE

Zip
36670

Country
MOBILE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SHELDON R. HALL

Street Address (P.O. Box Number is Not Acceptable)
1138 SE 5TH ST.

City
OCALA FL Zip Code
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
RICHARD D. MILLER
7012 NORTH CHARLESTON OAKS
MOBILE, AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
WILLIAM F. MILLER
6904 STONEBROOK DR NORTH
MOBILE, AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
SHERRY P. MILLER
7012 NORTH CHARLESTON OAKS
MOBILE, AL

TITLE
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STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 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 #

12/21/02 (251) 478-9031