

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91168 032 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000022920

1. Entity Name

Teka Homes, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1100 N. Main St.

3. Mailing Address

P.O. Box 701323

Suite, Apt. #, etc.

Suite A.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

St. Cloud, FL 347

4. FEI Number

593232422

Applied For

Not Applicable

Zip  
34744

Country  
USA

Zip  
34770

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Ronald S. Howse

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

1100 N. Main St.

Suite/Apt.

City  
Kissimmee

FL

Zip Code  
34744

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

5/1/2002

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  
D  
Ronald S. Howse  
1100 N. Main St. Suite A  
Kissimmee, FL 34744

TITLE  
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CITY- ST- ZIP

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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

5/1/2002

DATE

407-957-3308

Daytime Phone

CR2E034B (12/01)