

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000019847

FILED
Mar 12, 2002 8:00 AM
Secretary of State

Entity Name: TEKRESOURCE SERVICE CORPORATION

Current Principal Place of Business:

123 N. ORCHARD ST.
BUILDING 1, SUITE C-D
ORMOND BEACH, FL 321749474 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 516
ORMOND BEACH, FL 321750516 US

New Mailing Address:

FEI Number: 54-1733133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, DAVID A
3077 SAWGRASS CR.
TALLAHASSEE, FL 32308

Name and Address of New Registered Agent:

PETERSON, DAVID A
724 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176

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: _____

Electronic Signature of Registered Agent

03/12/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETERSON, KRISTA A
Address: 1305 OAKFOREST DRIVE
City-St-Zip: ORMOND BEACH, FL 32124

Title: VP (X) Delete
Name: PETERSON, KRISTIE A
Address: 3077 SAWGRASS CR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: PETERSON, DAVID A
Address: 3077 SAWGRASS CR.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,VP (X) Change () Addition
Name: PETERSON, KRISTA A
Address: 724 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PETERSON, DAVID A
Address: 724 JOHN ANDERSON DR.
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTA A. PETERSON

Electronic Signature of Signing Officer or Director

VP

03/12/2002

Date