

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90184 024 ***150.00

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DOCUMENT # P95000029596

1. Entity Name

TEKTRONICS OF CTRL FL INC.



Principal Place of Business

899 NIXON LANE
PORT ORANGE FL 32129
US

Mailing Address

899 NIXON LANE
PORT ORANGE FL 32129
US

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

59-3309619

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

MORGAN, RALPH B
680 S. YONGE ST.
ORMOND BEACH FL 32174

Name MORGAN Ralph B.

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

City PORT ORANGE FL. FL Zip Code 32129

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

Ralph B Morgan

Ralph B Morgan

4/1/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS
NAME MORGAN, PALPH
STREET ADDRESS 680 S. YONGE ST
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE Pres.
NAME MORGAN Ralph
STREET ADDRESS 899 NIXON LN.
CITY-ST-ZIP PORT ORANGE FL 32129 ☒ Change ☐ Addition

TITLE T
NAME MORGAN, KAREN
STREET ADDRESS 680 S. YONGE ST
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE Treasurer
NAME MORGAN Karen
STREET ADDRESS 899 NIXON LN
CITY-ST-ZIP PORT ORANGE FL 32129 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Ralph B Morgan

4/1/03 386-672-1175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)