## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000025030

1. Entity Name TISEC INC.



**FILED** 

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90990 022 \*\*\*150.00

A 180 kinde den jaden diren marek marek anter diren biren biran keren marka berik dare bare bare

Principal Place of Business 317-H REX PLACE

MADEIRA BEACH FL 33708

Mailing Address > 317-H REX PLACE

MADEIRA BEACH FL 33708

2. Principal Place of Business			3. Mailing Address			I LOBALDOG HAD COMIN BUILL BOSH BONIN BONIN BONIN BUILL BUILL BUILL BUILL BUILL BONIN BUILL PORT			
Suite, Apt. #, etc.		Suite	Suite, Apt, #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			FE! Number <b>59-3500030</b>		oplied For ot Applicable	
Zip	Country Zip		,	Country	5.	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				
HAY, CLAUDETTE				Name	Name				
317 H REX PLACE				Street A	ddress (P.O. E	D. Box Number is Not Acceptable)			
	BEACH FL 33708							,	
S.				City	City FL Zip Code				
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.									
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
			incapie. (NOTE	:. negistered Agent signa	are required what it	UATE TO THE PROPERTY OF THE PR			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campaign Financing		0 May Be	
Make Check Payable to Florida Department of State						Trust Fund Contribution.	Added	to Fees	
10. OFFICERS AND DIRECTORS				11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11	
,,,,	D		☐ Delete	TITLE			☐ Change	☐ Addition	
	HAY, CLAUDETTE M			NAME					
	317-H REX PLACE MADEIRA BEACH FL 3370	0		STREET ADDRESS CITY-ST-ZIP					
		·-·							
	D Hay, D R		☐ Delete	title Name			☐ Change	☐ Addition	
	317-H REX PLACE			STREET ADDRESS					
	MADEIRA BEACH FL 3370	8		CITY-ST-ZIP	İ				
TITLE		•	☐ Delete	TITLE			☐ Change	Addition	
NAME			and the second	-NAME		ر معتبری از مهانبست خوبهاستان با ۱۳۰۰ در این است. ا	يدر بعضور د م	· - · -	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE				TITLE			☐ Change	☐ Addition	
NAME			☐ Delete	NAME			Unange	[_] Addition	
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP				1	
TITLE			☐ Delete	TITLE			☐ Change	Addition	
NAME				NAME					
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
		<del>.</del>						- Agains	
TITLE			☐ Delete	TITLE			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.

STREET ADDRESS City-St-Zip

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april4 Jar:

727-392-943

Daytime Phone #

CR2E034 (10/0)