

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90223 039 ***150.00

DOCUMENT # P96000046563

1. Entity Name
REDDY TEDDY'S CONSTRUCTION SERVICE, INC.

Principal Place of Business

2161 S.W. 38TH AVE.
FT. LAUDERDALE FL 33312

Mailing Address

2161 S.W. 38TH AVE.
FT. LAUDERDALE FL 33312

374 NE. CAMELOT DR

2. Principal Place of Business

HOUSE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PORT ST. LUCIE FL

City & State

34883 USA

Zip

Country

Zip

Country

4. FEI Number **65-0670116**

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

LATHAM, TED A
374 NE CAMELOT DRIVE
PORT SAINT LUCIE FL 34983

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/9/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LATHAM, TED**
STREET ADDRESS **2161 S.W. 38TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/02 561 633 0548

Date

Daytime Phone #

CR2E034 (4/02)

✓
Attachment
DEAR PEOPLE 973960
#P96000046563

THIS IS THE FIRST
LETTER I HAVE GOTTEN THIS
YEAR I HAVE MOVED TO
PORT ST. LUCIE AND HAVE
HAD NUMEROUS PROBLEMS
WITH MY ADDRESS CHANGE
BUT HAVE DONE IT 3
TIMES AND EVEN HAD TO
SPEAK WITH A MAIL
SUPERVISOR ABOUT IT BECAUSE
MY DAUGHTER'S NAME AND
MINE ARE SO CLOSE PLEASE
ACCEPT MY CHECK FOR 150⁰⁰
OR CALL ME IF IT'S NOT
OKAY SINCERELY

TJL 2