2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023456

1. Entity Name



FILED Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90049 019 ***150.00

	TE INDUSTRIES, INC.				
2890 EMILY LANE W. 289		Mailing Address 2890 EMILY LANE W. JACKSONVILLE FL 3227	7		
2. Principal	Place of Business	3. Mailing Address	1	T INDIVIDUAL THE LOTHY HEREI BOSHL BRINL BOSHL DERIN THERE	ANNA DIBBA BANKS BANA 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CH	IANGES
City & State		City & State		4. FEI Number 59-3436935 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired.	Not Applicable 75 Additional Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Ager	'
ELKINS, I	HAROLD		Name		-
6061 MERRILL ROAD		Street Address		(P.O. Box Number is Not Acceptable)	
JACKSON	WILLE FL 32277				
			City	FL	Zip Code
8. De above the obliga	e named entity submits this statement fitting of registered agent.	or the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida. I am famil	iar with, and accept
: SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	TE: Registered Agent signature requi	ired when reinstating) DATE	
Afte	TLE-NOW-HIGEEE-IS-\$150.00 . a r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	,	المناز والمناز	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWXHURST, ROBERT O 2890 EMILY LANE W. JACKSONVILLE FL 32277	Delete	TITLE NAME		Change
TITLE			STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Change
STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change
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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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR