

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000029224****1. Entity Name**
TENSTAR INVESTMENTS, INC.**Principal Place of Business**
ROUTE 12 BOX 916
LAKE CITY FL 32025**Mailing Address**
ROUTE 12 BOX 916
LAKE CITY FL 32025**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 **59-3448077**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****KEITH, CHARLES G**
ROUTE 12 BOX 916
LAKE CITY FL 32025

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent**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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**
After May 1, 2002 Fee will be \$550.00
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****TITLE** **D** ☐ Delete
NAME **KAHLICH, MIKE**
STREET ADDRESS **ROUTE 1 BOX 145-K**
CITY-ST-ZIP **LAKE CITY FL 32055****TITLE** **D** ☐ Delete
NAME **MURPHY, TIM**
STREET ADDRESS **P.O. BOX 2157**
CITY-ST-ZIP **LAKE CITY FL 32056****TITLE** **D** ☐ Delete
NAME **ALLINDER, DAVY**
STREET ADDRESS **534 SOUTH ALACHUA STREET**
CITY-ST-ZIP **LAKE CITY FL 32025****TITLE** **D** ☐ Delete
NAME **CHESHIRE, RAYMOND**
STREET ADDRESS **RT 7 BOX 384**
CITY-ST-ZIP **LAKE CITY FL 32055****TITLE** **D** ☐ Delete
NAME **PEELER, DALE**
STREET ADDRESS **ROUTE 12 BOX 916**
CITY-ST-ZIP **LAKE CITY FL 32025****TITLE** **D** ☐ Delete
NAME **KEITH, CHARLIE**
STREET ADDRESS **ROUTE 12 BOX 916**
CITY-ST-ZIP **LAKE CITY FL 32025****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90004 040 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)