

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90023 006 ***158.75

DOCUMENT # P97000037811

1. Entity Name

TEICHLER INVESTMENTS, INC.

Principal Place of Business

Mailing Address

216 CONNECTICUT ST
FT. MYERS BEACH FL 33931
US

216 CONNECTICUT ST
FT. MYERS BEACH FL 29484-1172
US

2. Principal Place of Business

6100 Estero Blvd

3. Mailing Address

P.O. Box 1172

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Richard Cotter, P.A.

City & State

City & State

Fort Myers Beach

Summerville

Zip

Country

Zip

Country

33931

Florida, USA

29484

South Carolina USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0749896

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Frank Teichler

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

6100 Estero Blvd

~~402 Braulford Blvd~~

City **Fort Myers Beach**

~~Summerville~~

Zip Code

33931

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

Frank Teichler

Frank Teichler, PSTD

1-5-2000

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, 2000 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 **PSTD** ☐ Delete
NAME **TEICHLER, FRANK**
STREET ADDRESS **216 CONNECTICUT ST**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☐ Add
NAME **TEICHLER, FRANK**
STREET ADDRESS **402 BRAULFORD BLVD**
CITY-ST-ZIP **SUMMERVILLE, SC 29485**

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

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
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:

Frank Teichler **Frank Teichler**

1-5-2000

(843) 832-6018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #