

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90077 010 ***150.00

DOCUMENT # P97000046897

1. Entity Name
TEEL & ASSOCIATES, INC.



Principal Place of Business
**1921 SW 29TH ST
OCALA FL 34474**

Mailing Address
**1921 SW 29TH ST
OCALA FL 34474**

90000290



2. Principal Place of Business
9150 S.E. 153RD PL.
Suite, Apt. #, etc.

3. Mailing Address
9150 S.E. 153RD PL.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
SUMMERFIELD FL.

City & State
SUMMERFIELD FL.

4. FEI Number **59-3447825**

Applied For
Not Applicable

Zip **34491** Country **USA**

Zip **34491** Country **USA**

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

**TEEL, JOHN L
1921 S.W. 29TH ST.
OCALA FL 34474**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TEEL, JOHN L	
STREET ADDRESS	1921 SW 29TH ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	V	<input type="checkbox"/> Delete
NAME	TEEL, MARILYN S	
STREET ADDRESS	1921 S. W. 29TH ST.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	T	<input type="checkbox"/> Delete
NAME	TEEL, MARILYN S	
STREET ADDRESS	1921 S. W. 29TH ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	S	<input type="checkbox"/> Delete
NAME	TEEL, MARILYN S	
STREET ADDRESS	1921 S. W. 29TH ST.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 (352) 307-7077
Date Daytime Phone #

CR2E034 (10/02)