2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060836 Apr 25, 2000 8:00 am Secretary of State R. TEE'S, INC. 04-25-2000 90031 041 ***150.00 Principal Place of Business Mailing Address 2775 W. 17TH ST. 2775 W. 17TH ST. ERIE PA 16505-4345 **ERIE PA 16505** 2. Principal Place of Business 3. Mailing Address 2199 Berklev Wav Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 23-2913221 Not Applicable Lehigh Acres, Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33971 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VORIS, JOHN I Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BLVD. **TAMPA FL 33602** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President/Owner Addition TITI F ☐ Delete TITLE NAME Thoma, Richard A. NAME THOMA, RICHARD A STREET ADDRESS STREET ADDRESS 15881 Grey Friars Court 3302 BAER BEACH ROAD CITY-ST-7IP CITY-ST-ZIP **ERIE PA 16505** Ft.Myers, FL 33912 (X) Change ☐ Addition ☐ Delete TITLE S Treasurer TITLE NAME PATASKY, MICHAEL S NAME STREET ADDRESS STREET ADDRESS 2775 W. 17TH STREET CITY-ST-ZIP CITY-ST-ZIP ERIE PA 16505 Secretary Addition . Change ☐ Delete TITLE Stevens, Delight D. NAMÉ 2775 W. 17th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Erie. Pa. 16505 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Stevens, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR