

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90055 010 \*\*\*150.00

**DOCUMENT #** P97000061848  
**1. Entity Name**  
 "TEDSAN, INC."

**Principal Place of Business** 8106 Canyon Lake Circle  
 Orlando, FL 32835  
**Mailing Address** 8106 Canyon Lake Circle  
 Orlando, FL 32835

**2. Principal Place of Business** 9650 W Lake Marion Rd  
 Suite, Apt. #, etc.  
**3. Mailing Address** 9650 W Lake Marion Rd  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** Haines City, FL  
**Zip** 33844  
**Country**  
**4. FEI Number** 59-3457918  
**Applied For** ☐ Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Wheeler, Theodore M.  
 8106 Canyon Lake Circle  
 Orlando, FL 32835  
**7. Name and Address of New Registered Agent**  
 Name: Wheeler, Theodore M.  
 Street Address (P.O. Box Number is Not Acceptable): 9650 W Lake Marion Rd  
 City: Haines City, FL Zip Code: 33844

**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** *Theodore M. Wheeler* **DATE** 4/19/01  
 (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)  
**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wheeler, Theodore M 8106 Canyon Lake Circle Orlando, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wheeler, Theodore M. 9650 W Lake Marion Rd Haines City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Theodore M. Wheeler* **DATE** 4/19/01 **Daytime Phone #** 863 439 3048  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR