

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016881

1. Entity Name
TEK FOODS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90364 041 ***150.00

Principal Place of Business
2829 SUN LAKE LOOP
#203
LAKE MARY FL 32746

Mailing Address
2829 SUN LAKE LOOP
#203
LAKE MARY FL 32746-2491

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 59-3497628

Applied For

Not Applicable

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

CAMPBELL, JOHN M
1211 SEMORAN BLVD.,STE.171
CASSELBERRY FL 32707

Name PAULA AHN
Street Address (P.O. Box Number is Not Acceptable) 2829 Sun Lake Loop #203
City Lake Mary FL Zip Code 32746

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 *Paula Ahn* PAULA AHN

4-30-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME AHN, PAULA
STREET ADDRESS 2829 SUNLAKE LOOP #203
CITY-ST-ZIP LAKE MARY FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M
NAME TIMOTHY H. AHN
STREET ADDRESS 2829 SUN LAKE LOOP #203
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE
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STREET ADDRESS
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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: *Paula Ahn* PAULA AHN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00 407 832-3828
Date Daytime Phone #

CR2E034 (9/99)