

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022950

1. Entity Name

CTE SERVICES INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90198 049 ***150.00

Principal Place of Business

Mailing Address

P. O. BOX 568
GOLDEN ROD FL 32733-0568

P. O. BOX 568
GOLDEN ROD FL 34985-8973

2. Principal Place of Business

1696 SE DURANGO ST

Suite, Apt. #, etc.

3. Mailing Address

1696 SE DURANGO ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

4. FEI Number 59-3504264

Applied For
Not Applicable

Zip
34952

Country
USA

Zip
34952

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

EVASKIS, TERESA
2229 FAIRGLENN WAY
WINTER PARK FL 32792

Name
TERESA EVASKIS
Street Address (P.O. Box Number is Not Acceptable)
1696 SE DURANGO ST
City
PORT ST LUCIE FL
Zip Code
34982

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/12/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PT EVASKIS, TERESA 2229 FAIRGLENN WAY WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVASKIS, CHRISTOPHER 2229 FAIRGLENN WAY WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT EVASKIS, TERESA 1696 SE DURANGO ST PORT ST LUCIE FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVASKIS, CHRISTOPHER 1696 SE DURANGO ST PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 561-708-6025
Date Daytime Phone #

CR2E034 (9/93)