

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90023 005 \*\*\*150.00

**DOCUMENT # P98000041259**

1. Entity Name  
**TEJAC ENTERPRISES, INC.**

Principal Place of Business 4119 KIPLING AVENUE PLANT CITY FL 33567	Mailing Address 4119 KIPLING AVENUE PLANT CITY FL 33567-7221
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>59-3513805</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**MULQUEEN, JOHN J**  
**4119 KIPLING AVE.**  
**PLANT CITY FL 33567**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MULQUEEN, JOHN J</b>	
STREET ADDRESS	<b>4119 KIPLING AVE.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MULQUEEN, TERESA</b>	
STREET ADDRESS	<b>4119 KIPLING AVE.</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33567</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: John J. Mulqueen **John J. Mulqueen** **4-16-00** **(813) 707-8093**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CP2F034 (9/99)