2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P98000086349** 1. Entity Name TESCO SOUTHEAST, INCORPORATED 03-15-2000 90094 032 ***150.00 Mailing Address Principal Place of Business 1301 N.W. THIRD ST. 1301 N.W. THIRD ST. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-1648 00037919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0868668 Not Applicable _ Country Zip Country Zip. \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANTEY, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1301 N.W. THIRD ST. DEERFIELD BEACH FL 33442 Zip Code FL 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. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PT **a**ddition TITLE ☐ Change TITLE ☐ Delete MANTEY, JAMES R NAME NAME STREET ADDRESS STREET ADDRESS 1301 N.W. THIRD ST. CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Addition Change TITLE V3 TITLE Delete MANTEY, SANDRA N NAME NAME STREET ADDRESS 1301 N.W. THIRD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change ■ Addition TITLE TITLE □ Delete MANTEY, PHILLIP M NAME NAME STREET ADDRESS 595 MINER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLEVELAND OH 44143 TITLE ☐ Change ☐ Addition ☐ Delete PETERSON, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 378 GULF PINE DR. CITY-ST-7IP CITY-ST-ZIP PORT ST. JOE FL 32456 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP A3 **X** Addition ☐ Delete TITLE ☐ Change Lora Robers 1301 NW 3RD Str NAME NAME STREET ADDRESS STREET ADDRESS

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.