2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

PINELLAS PARK FL 33702-2560

2. Principal Place of Business

6097 110TH AVE N

P98000095100

Mailing Address

3. Mailing Address

6097 110TH AVE N

PINELLAS PARK FL 33702-2560

1. Entity Name TES ÉNTERPRISES, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90287 047 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
	City & State	City & State			4. FEI Number 50-25/17713			plied For	
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Country	Zip `	ntry	5. Cert	ificate of Status Desired		\$8.75 Add Fee Required			
6 Name and Address of Curre	nt Registered Agent			7. Nam	e and Address of New Ro	gistered .	Agent •		
O. Halife that Addition to The Control			Name		•				
SIMPSON, THOMAS E 6097 110TH AVE N				Street Address (P.O. Box Number is Not Acceptable)					
PARK FL 33/92-2300							Tim Cod		
						FL	■ Zip Codi	8	
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named entity submits this statement ions of registered agent	t for the purpose of chang	jing its register	rea office of regio	ittica agont	Of Dodn, in this state to				
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Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	ed Agent signature requ	Tited Mueu Leiners	ting)				
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	Country 6. Name and Address of Curre THOMAS E TH AVE N PARK FL 33702-2560 named entity submits this statement ons of registered agent. Signature, typed or printed name of registered agent. May 1, 2003 Fee will be \$550.0 Payable to Florida Department OFFICERS AID SIMPSON, THOMAS E 6097 110TH AVE N	Country Country Zip 6. Name and Address of Current Registered Agent THOMAS E TH AVE N PARK FL 33702-2560 named entity submits this statement for the purpose of change ions of registered agent. Signature, typed or printed name of registered agent and title if applicable. ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 A Payable to Florida Department of State OFFICERS AND DIRECTORS D	Country Country Courting Country Courting Country Courting Country Courting Country Courting Co	City & State Country City City	Country Zip Country Zip Country 5. Cert 6. Name and Address of Current Registered Agent Name THOMAS E TH AVE N PARK FL 33702-2560 City named entity submits this statement for the purpose of changing its registered office or registered agent, ons of registered agent. Sepature, types or preted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when release to the purpose of changing its registered Agent signature required when release to the purpose of changing its registered Agent signature required when release to the purpose of changing its registered Agent signature required when release to the purpose of changing its registered Agent signature required when release to the purpose of changing its registered Agent signature required when release to the purpose of purpose of changing its registered Agent signature required when release to the purpose of purpose of changing its registered Agent signature required when release to the purpose of changing its registered Agent signature required when release to the purpose of changing its registered Agent signature required when release to the purpose of changing its registered Agent signature required when release to the purpose of changing its registered office or registered agent. Name Simple Agent signature required when release to the purpose of changing its registered office or registered agent. Name Signature Agent signature required agent. Policies Note: A DDIT Delete THE NAME SIRET ADDRESS CITY-ST-ZIP Delete THE NAME SIRET ADDRESS CITY-ST-ZIP Delete THE NAME SIRET ADDRESS CITY-ST-ZIP Delete Delete THE NAME SIRET ADDRESS CITY-ST-ZIP	City & State Country 5. Certificate of Status Desired Name Name Name Street Address of Current Registered Agent Name Name City Street Address (P.O. Box Number is Not Acceptable) City City	Country Country Country Country S. Certificate of Status Desired T. Name and Address of New Registered. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am ons of registered agent. Superature, speed or prived nerve of registered agent and titel il applicable. (NOTE Registered Agent signature resulted when relatediry) DATE LLE NOW!!! FEE IS \$150.00 (Payable to Florida Department of State OFFICERS AND DIRECTORS DISTRET ADDRESS OFFI-ST-2P Delete TITLE NAME STRET ADDRESS CITY-ST-2P Delete TITLE NAME STRET ADDRESS STRET ADDRESS	Country Zip Country S. Certificate of Status Desired S8.75 Add Fee Requirer 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMAS E Name and Address of New Registered Agent Name THOMAS E Street Address (P.O. Box Number is Not Acceptable) THOMAS E Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Thomas D Street Address (P.O. Box Number is Not Acceptable) Thomas D Street Address (P.O. Box Number is Not Acceptable) Thomas D Street Address (P.O. Box Number is Not Acceptable) Thomas D Street Address (P.O. Box Number is Not Acceptable) Thomas D Street Address (P.O. Box Number is Not Acceptable) Thomas D Street Address (P.O. Box Number is Not Acceptable) Thomas D Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other tike empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #