1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 27 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101606

1. Entity Name

TEA POT INC

000008019805--9
-09/25/02--01061--011
*****61.50 *****61.50

DO NOT WRITE IN THIS SPACE

2002 AMENDED

2. Principal Place of Business	3. Mailing Address
218 Whitehead Street	
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. N/A
City & State KEY WEST	City & State
Zip FL Country 33040	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650895874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name WAYNE KRUER

Street Address (P.O. Box Number is Not Acceptable)

600 Southard Street

City KEY WEST FL Zip Code 33040

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, 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) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia SELLIER 1312 Catherine Street Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia SELLIER Key West FL 33040 President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia SELLIER Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patricia SELLIER Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dominique Sellier Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1312 Catherine Street Key West FL 33040

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Patricia SELLIER, Pres. 8/26/02 12:15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 & 2

Patricia Sellier
1312 catherine str. #up
Key west FL. 33040

Director
President
Secretary
Treasurer

Dominique Sellier (Vice - president
1312 catherine Str. #up
Key west FL 33040