UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104598

1. Entity Name
Tenny Inc.

FILED
Jun 03, 2003 8:00 am
Secretary of State
06-03-2003 90037 034 ***150.00

Principal Place of Business: 3255 LAKEVIEW BLVD. Delray Bch Fl. 33448

Mailing Address: 9850 Sunrise LKS B #209 Sunrise Fl 33322

[redacted]

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address: 9850 Sunrise LKS Blvd

Suite, Apt. #, etc.: #209

City & State: Sunrise Fl

Zip: 33322 | Country: US

☐ CHECK HERE IF MAKING CHANGE

4. FEI Number: 65-0929744

5. Certificate of Status Desired ☐ $8.75 Fee Requ

6. Name and Address of Current Registered Agent

TERRA FEDERIGHE, Tenny
3255 LAKEVIEW BLVD.
Delray Bd Fl 33448

7. Name and Address of New Registered Agent

Name: Federighe, Tenny
Street Address (P.O. Box Number is Not Acceptable): 9850 Sunrise LKS Blvd #209
City: Sunrise FL Zip Code: 33322

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. I am familiar with the obligations of registered agent.

SIGNATURE ______ 5/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5. Add

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP Federighe, Tenny 3255 LAKEVIEW BLVD. Delray Beach, Fl 33448 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADT Edelman, Jay 9850 Sunrise LKS Blvd #209 Sunrise Fl 33322 ☐ Change X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
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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 like empowered.

SIGNATURE: ______ 5/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone