

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
 05-26-2000 90087 002 ***150.00

DOCUMENT # P99000019217

1. Entity Name

TEE TO GREEN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6822 22ND AVE. NORTH
 ST. PETERSBURG FL 33710

6822 22ND AVE. NORTH
 ST. PETERSBURG FL 33710-3918



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6822 22nd Avenue N.

6822 22nd Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 410,

Suite 410,

City & State

City & State

St. Petersburg, Florida

St. Petersburg, Florida

Zip

Zip

33710

Country

U.S.A.

Country

U.S.A.

4. FEI Number

59-3561100

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
 417 E. VIRGINIA ST., STE. 1
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

IAN STANISLAUS GOMEZ, ESQ.

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

GOMEZ & ASSOCIATES

2037 FIRST AVENUE NORTH

City

SAINT PETERSBURG

FL

Zip Code

33713

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 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) ☐

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BALLWEG, JAMES E	
STREET ADDRESS	7900 GARDEN DR. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLWEG, JAMES E.	
STREET ADDRESS	5243 6th AVENUE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORBERT JANN, NORBERT	
STREET ADDRESS	Spiegelblech 33, Postfach 5	
CITY-ST-ZIP	9320 Strachen, Switzerland.	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bielunewaka, Michael	
STREET ADDRESS	2005 Sourwood Blvd.,	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

Date

Daytime Phone #

CR2E034 (9/99)