

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90030 031 ***550.00

UNITED STATES AIR

DOCUMENT # P99000029328

1. Entity Name
TPE STRUCTURES, INC.

Principal Place of Business

5920 PENINSULA AVE
#3
KEY WEST FL 33040

Mailing Address

PO BOX 2066
KEY WEST FL 33045

A0086070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5920 Peninsula
Suite, Apt. #, etc.
#3

3. Mailing Address

Suite, Apt. #, etc.
#

City & State

Key West FL

City & State

Same as

4. FEI Number

65-0929637

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KARR, KENNETH L
55 BOCA CHICA ROAD, #127
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

N/A

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

City

FL

Zip Code

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)

☐

FILE NOW!!! - FEE IS \$550.00 -
After September 12, 2001 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	KARR, KENNETH L	
STREET ADDRESS	55 BOCA CHICA RD #127	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

7-19-01
 Date

305-292-4111
 Daytime Phone #

CR2E034 (5/01)