

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90008 023 ***150.00

DOCUMENT # P99000061704

1. Entity Name
TECSOL MANUFACTURING, INC.

Principal Place of Business
97 HILL AVE
FT WALTON BEACH FL

Mailing Address
97 HILL AVE
FT WALTON BEACH FL

2. Principal Place of Business
97 Hill Avenue
 Suite, Apt. #, etc.

3. Mailing Address
97 Hill Avenue
 Suite, Apt. #, etc.

City & State
FT. Walton Beach, FL

City & State
FT. Walton Beach, FL

Zip
32548

Country
U.S.A.

Zip
32548

Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3587750**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PONDER, ARCHIE C
97 HILL AVE
FT WALTON BEACH FL

Name
 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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	PONDER, ARCHIE C	384 OAK GROVE ISLAND	OAK GROVE ISLAND GA 31523	<input type="checkbox"/>
DS	PONDER, JUAN	7519 LAKOTA SPRINGS DR	WEST CHESTER OH 45069	<input type="checkbox"/>
CEO	BROWN, HENRY E	4064 ROSE HILL	CINCINNATI OH 45229	<input type="checkbox"/>
GAM	EIVESTON, SONIA S	2408 MILL RUN DR	CRESTVIEW FL 32536	<input type="checkbox"/>
MD	WILLIS, RUFUS D	1004 HIGHGROVE CT	FORT WALTON BEACH FL 32547	<input type="checkbox"/>
DFO	WHITE, EMORY	9485 AGENCY SQUARE BLVD STE 425	JACKSONVILLE FL 32225	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DS	Elveston, Sonia S.	487 Sandy Ridge Circle	Mary Esther, FL 32569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CEO	Brown, Henry E.	1005 Burton Avenue	Cincinnati, OH 45221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director	Ponder, Juan	7519 Lakota Springs Dr.	West Chester, OH 45069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Vice-President, Marketing				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sonia Elveston Date: 1-8-01 (850) 244-4292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)