

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90378 024 ***150.00

DOCUMENT # P99000061704

1. Entity Name
TECSOL MANUFACTURING, INC.

Principal Place of Business
97 HILL AVE
FORT WALTON BEACH FL 32548

Mailing Address
97 HILL AVE
FORT WALTON BEACH FL 32548

2. Principal Place of Business
Same
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3587750**

Applied For
Not Applicable

Zip **Country**

Zip **Country**

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, 2002 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 **DP** ☐ Delete
NAME **PONDER, ARCHIE C**
STREET ADDRESS **384 OAK GROVE ISLAND**
CITY-ST-ZIP **OAK GROVE ISLAND GA 31523**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **ELVESTON, SONIA S**
STREET ADDRESS **487 SANDY RIDGE CIRCLE**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CEO BROWN, HENRY E**
STREET ADDRESS **1005 BURTON AVENUE**
CITY-ST-ZIP **CINCINNATI OH 45221**

TITLE **Director** ☒ Change ☐ Addition
NAME **Brown, Henry E.**
STREET ADDRESS **1005 Burton Avenue**
CITY-ST-ZIP **Cincinnati, OH 45221**

TITLE **D** ☒ Delete
NAME **PONDER, JULIAN**
STREET ADDRESS **7519 LAKOTA SPRINGS DR.**
CITY-ST-ZIP **WEST CHESTER OH 45064**

TITLE **Director** ☐ Change ☒ Addition
NAME **Hubert M. Barthold**
STREET ADDRESS **723 Powell Dr. N.E.**
CITY-ST-ZIP **Ft. Walton Beach, FL 32547**

TITLE **VPM** ☒ Delete
NAME **WILLIS, RUFUS D**
STREET ADDRESS **1004 HIGHGROVE CT**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DFO** ☒ Delete
NAME **WHITE, EMORY**
STREET ADDRESS **9485 AGENCY SQUARE BLVD STE 425**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ 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 alternate address, with all other like empowered.

SIGNATURE: *Archie Ponder* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02
Date

Daytime Phone #

CR2E034 (9/01)