

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90011 017 ***150.00

DOCUMENT # P99000064868

1. Entity Name
EDWARD E. TEDTMANN, INC.

R

Principal Place of Business
869 N.W. 8TH AVENUE
BOYNTON BEACH FL 33426

Mailing Address
869 N.W. 8TH AVENUE
BOYNTON BEACH FL 33426

2. Principal Place of Business

869 NW 8th Ave
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Zip

Zip

33426

Country

USA

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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



DO NOT WRITE IN THIS SPACE

A0071477

6. Name and Address of Current Registered Agent

TEDTMANN, EDWARD E
869 N.W. 8TH AVENUE
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 **D** ☐ Delete
 NAME **TEDTMANN, EDWARD E**
 STREET ADDRESS **869 N.W. 8TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/00

Date

561-254-3163

Daytime Phone #

Edward E. Teotmann
869 NW 8th Ave
Bayside Bch, FL 33426

Attachment # P99000064868
AC071427

Florida Department of State
Tallahassee, FL
7/30/02

Katherine Harris:

I did not receive a 1st notice
for this filing. Please find the enclosed check for \$150.00.

Sincerely,

Edward E. Teotmann