

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90203 007 ***150.00

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1. Entity Name
TCT NETWORKS CORPORATION

Principal Place of Business
**3836 ANGLERS LANE
LARGO FL 33774**

Mailing Address
**3836 ANGLERS LANE
LARGO FL 33774**



2. Principal Place of Business
6425 SHORELINE DR
Suite, Apt. #, etc.
10501

3. Mailing Address
6425 SHORELINE DR
Suite, Apt. #, etc.
10501

☐ CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG, FL
Zip
33708 Country
PINELLAS

City & State
ST. PETERSBURG, FL
Zip
33708 Country
PINELLAS

4. FEI Number **59-3603403**

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

**GROVE, UTA S. ESQ.
2451 MCMULLEN BOOTH RD
SUITE #231
CLEARWATER FL 33759**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TIEDEMANN, HANS-JURGEN**
STREET ADDRESS **399 150TH AVE N #209**
CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 11th, 2003 **727-398-7663**
Date Daytime Phone #

CR2F034 (10/02)