

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000083610** ✓

1. Entity Name

TEA FOR THREE PUBLISHING, INC.

Principal Place of Business

PO BOX 1462
PALMETTO, FL 34220

Mailing Address

PO Box 1462
PALMETTO, FL 34220

2. Principal Place of Business

PO Box 1462

Suite, Apt. #, etc.

PALMETTO

City & State

FL

3. Mailing Address

P O Box 1462

Suite, Apt. #, etc.

PALMETTO

City & State

FLORIDA

Zip

34220

Country

USA

Zip

34220

Country

USA

6. Name and Address of Current Registered Agent

ESKELUND, ERIK

PO Box 1462

PALMETTO, FL 34220

7. Name and Address of New Registered Agent

Name

Erik Eskelund

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

817 17th AVE. W.

PALMETTO

City

FL

Zip Code

34221

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

TITLE PTD
NAME ESKELUND, ERIK
STREET ADDRESS PO BOX 1462
CITY-ST-ZIP PALMETTO, FL 34220 ☐ Delete

TITLE USD
NAME ESKELUND, TAMI
STREET ADDRESS PO BOX 1462
CITY-ST-ZIP PALMETTO, FL 34220 ☐ Delete

TITLE D
NAME BELLEMARE, PIERRE
STREET ADDRESS 3516 WILDERNESS BLVD. W.
CITY-ST-ZIP PARRISH, FL 34219 ☒ Delete

TITLE D
NAME DELONGCHAMP, BARY
STREET ADDRESS PO BOX 1750
CITY-ST-ZIP BRADENTON, FL 34206 ☒ Delete

TITLE D
NAME DELONGCHAMP, JACKIE
STREET ADDRESS PO BOX 1750
CITY-ST-ZIP BRADENTON, FL 34200 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/2000

Date

(941) 650-1892

Daytime Phone #

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90029 033 ***150.00

A0035318

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)