

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087026

1. Entity Name

TEKSTAR INTERNATIONAL CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90277 050 ***150.00

Principal Place of Business

6401 WELLINGTON DRIVE
ORLANDO FL 32819

Mailing Address

6401 WELLINGTON DRIVE
ORLANDO FL 32819-4670

2. Principal Place of Business

LONGWOOD, F

3. Mailing Address

2859 SPYGLASS COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD FL

4. FEI Number

59-3629533

Applied For

Not Applicable

Zip

Country

Zip
32779

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

BREWER, SUSAN

6401 WELLINGTON DRIVE
ORLANDO FL 32819

Name

WENDEL R. WENDEL

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

2859 SPYGLASS COVE

City

LONGWOOD

FL

Zip Code

32779

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, 2000 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
PRES/DIR
WENDEL R. WENDEL
2859 SPYGLASS COVE
LONGWOOD, FL 32779 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

4/27/2000 407-865-7842
Date Daytime Phone #

CR2E034 (9/99)