

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000088850**1. Entity Name
TECOS DEVELOPMENT, INC.

Principal Place of Business

6700 N ANDREWS AVE, SUITE 200

FT LAUDERDALE
33309

FL

Mailing Address

6700 N ANDREWS AVE, SUITE 200

FT LAUDERDALE
33309

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0963723

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE
323012525

US

FL

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)

03/21/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☒ Delete
NAME BABITT GAIL
STREET ADDRESS 6700 N ANDRESW AVE 200
CITY-ST-ZIP FORT LAUDERDALE FL 33309TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SVPH ☒ Delete
NAME RICHARDS DOUG
STREET ADDRESS 6700 N. ANDREWS AVE #200
CITY-ST-ZIP FORT LAUDERDALE FL 33309TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PUSO ☐ Delete
NAME FLOCK MICHAEL
STREET ADDRESS 6700 N. ANDREWS AVE #200
CITY-ST-ZIP FORT LAUDERDALE FL 33309TITLE SVPH ☒ Change ☐ Addition
NAME MANULA CHARLES BJR
STREET ADDRESS 6700 N. ANDREWS AVE #200
CITY-ST-ZIP FORT LAUDERDALE FL 33309TITLE CFO ☐ Delete
NAME BUDLON THAD
STREET ADDRESS 6700 N ANDREWS AVE 200
CITY-ST-ZIP FORT LAUDERDALE FL 33309TITLE CFO ☒ Change ☐ Addition
NAME PETTINGELL GARRETT
STREET ADDRESS 6700 N ANDREWS AVE 200
CITY-ST-ZIP FORT LAUDERDALE FL 33309TITLE CTO ☐ Delete
NAME BLOUNT JACK
STREET ADDRESS 6700 N ANDREWS AVE #200
CITY-ST-ZIP FORT LAUDERDALE FL 33309TITLE CTO ☒ Change ☐ Addition
NAME HAGINS JEFF
STREET ADDRESS 6700 N ANDREWS AVE #200
CITY-ST-ZIP FORT LAUDERDALE FL 33309TITLE D ☐ Delete
NAME RYDNINGEN JAN E
STREET ADDRESS 6700 N ANDREWS AVE, SUITE 200
CITY-ST-ZIP FT LAUDERDALE FL 33309TITLE CEO ☒ Change ☐ Addition
NAME DONAHUE JASON
STREET ADDRESS 6700 N ANDREWS AVE, SUITE 200
CITY-ST-ZIP FT LAUDERDALE FL 33309

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: Garrett Pettingell

CFO

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)