

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90353 021 \*\*\*150.00

DOCUMENT # **599364**

1. Entity Name

**C.T. III Inc.**  
**2440 SW 22 Ave # 712**  
**Delray Beach, FL 33445**



**DO NOT WRITE IN THIS SPACE**

**24048280**

2. Principal Place of Business

**2440 SW 22 Ave**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**# 712**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Delray Beach, FL**

City & State

4. FEI Number

**65 0300214**

Applied For

Not Applicable

Zip

**33445**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Charles F. Tedeman III**

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

**2440 SW 22 Ave # 712**

City

**Delray Beach**

**FL**

Zip Code

**33445**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Pres.**  
**Charles F. Tedeman III**  
**2440 SW 22 Ave # 712**  
**Delray Beach, FL 33445**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles F. Tedeman III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres.** **4/15/04**  
Date

**561-274-9359**  
Daytime Phone #

**Charles F. Tedeman III**

CR2E034B (12/02)