

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90291 006 \*\*\*150.00

0131987 AV

**DOCUMENT # V16822**

1. Entity Name

**TOTAL ENGINEERING ALLIANCE, INC.**



Principal Place of Business  
**4515 DEANNA COURT  
MERRITT ISLAND FL 32953**

Mailing Address  
**4515 DEANNA COURT  
MERRITT ISLAND FL 32953**

2. Principal Place of Business

**2200 PORPOISE ST.**

3. Mailing Address

**2200 PORPOISE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MERRITT ISLAND 32952**

City & State

**MERRITT ISLAND, FL**

Zip

**32952**

Country

Zip

**32952**

Country

4. FEI Number

**59-3155879**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROSE, KENNETH R.**

**4515 DEANNA COURT**

**MERRITT ISLAND FL 32953**

7. Name and Address of New Registered Agent

Name **ROSE, KENNETH R.**

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

**2200 PORPOISE STREET**

City

**MERRITT ISLAND**

FL

Zip Code

**32952**

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 **Kenneth R. Rose**

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

**KENNETH R. ROSE, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**4/25/03**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSE, KENNETH R.	
STREET ADDRESS	4515 DEANNA COURT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTTE, JOHN R.	
STREET ADDRESS	380 HARBOR DRIVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEITHORN, DAVID A.	
STREET ADDRESS	457 WATERWAY DR.	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TRAYLOR, RONALD D.	
STREET ADDRESS	165 CATALINA ISLE DR.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, KENNETH R.	
STREET ADDRESS	2200 PORPOISE ST.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Kenneth R. Rose** **KENNETH R. ROSE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03**

Date

**321/459-3030**

Daytime Phone #

CR2E034 (10/02)