

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90208 013 \*\*\*150.00

A0073533



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V23202**

1. Entity Name  
**MR. TED ENTERPRISES, INC.**

*f*

Principal Place of Business  
**1022 REED CANAL RD**  
**DAYTONA BCH FL 32119**  
**US**

Mailing Address  
**1022 REED CANAL RD**  
**DAYTONA BCH FL 32119**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3114468**

Applied For  
 Not Applicable

Zip

Country

Zip

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

**FOSTER, WALTER E., III**  
**315 SOUTH PALMETTO AVENUE**  
**DAYTONA BEACH FL 32114**

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)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	VPD MCKEE, DOUGLAS M 1022 REED CANAL RD DAYTONA BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKEE, J TED 1022 REED CANAL RD DAYTONA BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKEE, DORETTA H. 1022 REED CANAL RD DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Doretta H. Mckee* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-15-00* *904-788-7009*  
 Date Daytime Phone #

CR2E034 (5/00)

# 2000 UNIFORM BUSINESS REPORT (UBR)

attachment 081800

DOCUMENT # V23202

1. Entity Name

MR. TED ENTERPRISES, INC.

A0073533

Principal Place of Business

Mailing Address

REED CANAL RD  
BCH FL 32119

1022 REED CANAL RD  
DAYTONA BCH FL 32119-2574  
US

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

59-3114468

Added For

Not Applicable

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

FOSTER, WALTER E., III  
315 SOUTH PALMETTO AVENUE  
DAYTONA BEACH FL 32114

Name

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

City

FL

Zip Code

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 role if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

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, 2003 Fee will be \$650.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

VPD MCKEE, DOUGLAS M 1022 REED CANAL RD DAYTONA BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
STD MCKEE, J TED 1022 REED CANAL RD DAYTONA BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
PD MCKEE, DORETTA H. 1022 REED CANAL RD DAYTONA BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I 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, as changed, or on an attachment with an address, with a power of attorney.

SIGNATURE:

Doretta H. McKee DORETTA H. McKee

3-16-00

904-788-7009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone #



August 15<sup>th</sup>, 2000

1022 Reed Canal Road, Daytona Beach, FL 32119  
788-7009 FAX 767-4800

*Attachment*  
*V 23 202*  
*140073533*

**Members of:**

International Sanitary Supply Association  
Florida Sanitary Supply Association  
International Executive Housekeepers Association  
Daytona Hotel/Motel Association

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

We have received our second notice about filing our Corporation with the state. Upon investigation we have found that check # 9347, dated March 10<sup>th</sup>, 2000 was sent to you in the amount of \$150.00. Along with the check was enclosed the 2000 Uniform Business Report (UBR).

I have no idea what happened to the envelope but I called and was told to write this letter and enclose another check in the amount of \$150.00 along with the copies of what we had sent originally.

If you have any questions please call at 904-788-7009.

Respectfully submitted,

D.H. McKee  
President.

AYTONA JANITORIAL SUPPLY

Vendor ID: DEPTOFSTATE Vendor name: Department of State

*Attachment*

9341

*V23202  
A0673533*

03/10/00

Invoice No.	Reference	Date	Inv Amt	Amt Paid	Disc Taken	Net Amt
V23202	Uniform Bus.	01/04/00	150.00	150.00	0.00	150.00
Net Check Amount						150.00