2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K13427 **DOCUMENT #**

1. Entity Name

TANNASSEE REALTY, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90144 019 ***150.00

A COO WE THIS

Suite, Apt. 4, etc. City & State City Cit	Principal Place of Business 1003 W LEELAND HEIGHTS BLVD LEHIGH ACRES FL 33936 US		Mailing Address 1003 W LEELAND HEIGHTS BLVD LEHIGH ACRES FL 33936 US								
City & State City & State City & City & State City & City & State City &	2. Principal f	Place of Business	3. Mailing Address					U:011 U:01 01			
Zip Country Zip Country 5, Certificate of Status Desired Settlement of Status Desired Agent	Suite, Apt	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent B. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Tem tamiliar with, and accept the obligations of registered agent, or both,	City & Sta	te	City & State			4.	FEI Number 65-0025892		-	· :	
1. Name and Address of Current Registered Agent	<u>Z</u> ip	_ Country Zip C		Countr	Country		5. Certificate of Status Desired			3.75 Additional	
LYNN R TANNASSEE 1003 W LEELAND HEIGHTS BLVD LEHIGH ACRES FL 33938 To 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 collipations of registered agent. Signal June 1 Si		6. Name and Address of Currer	nt Registered Agent			7. 1	Name and Address of New Registe				
1003 W LEELAND HEIGHTS BLVD LEHIGH ACRES FL 33936	I VAIN D	FANNACOFF			Name						
LEHIGH ACRES FL 33936 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 or registered agent, so both, in the State of Florida. I am familiar with, and accept the obligations or registered agent. SIGNATURE Signature, typed or similar dame of registered agent and life it applicable. (NOTE Registered Agent signature reaction when residency) P. Election Campaign Financing S.5.00 May Be Added to Foes				Street Addre			ss (PO, Box Number is Not Acceptable)				
S. The abover named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. SGNATURE Speaker, byped or primes ware of registered agent and 1964 it accidable. (NOTE flogulated Agent algoration entitled when recatasing) Addition Ad											
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Paper P	LEHIGH /	ACHES FL 33936									
B. The above named entry 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, typed or primer name of vigotened agent and their accidable.	ļ				City			FL Z	ip Coc	de	
SIGNATURE FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITHE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME NAME STREET ADDRESS CITY-ST-2P 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME STREET ADDRESS C											
Systams Nymour or primate narrout or prigosome appart and total is applicable. (NOTE Pregnational Agent appeals approach enquired depant enclassing) SATE	the obligat	ions of registered agent.				g	one or both in the otate of florida.	an tariine	11 441(11,	and accept	
FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Fayable to Florida Department of State 10.	SIGNATURE .										
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Floridab Department of State 10. OFFICERS AND DIRECTORS TITLE TANNASSEE, LYNN R. 113 RIVERA ST LEHIGH ACRES FL 33972 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD		Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered A	Agent signature rec	quired when re	instating) D	ATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00								\$5.0 Adde	00 May Be d to Fees	
NAME 13 RIVIERA ST LEHIGH ACRES FL 33972 TANNASSEE, LYNN R. 113 RIVIERA ST LEHIGH ACRES FL 33972 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	10.					AD	DITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ě	LJ USIGE					,	C	hange	☐ Addition	
CITY-SI-ZIP LEHIGH ACRES FL 33972 CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP					1000000						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<u> </u>				 -			·		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	Delete				<u>.</u> , (nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			City-st	r-ZIP					i	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete	TITLE				c	hange	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	****										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				- 211						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			L Delete					∐ CI	nange	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1				ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·			Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME				1				lange	☐ Mudition	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME Change Addition Addition Change Addition Change Addition Change Change Change Addition	STREET ADDRESS			STREET A	ADDRESS					ĺ	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST	- Z1P					[
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				C/	nange	Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME			NAME					-		
(11-37-21)											
12. Thereby certify that the information supplied with this filing does not qualify for the examples stated in Section 119 07(0)(5). Finally Supplied with this filing does not qualify for the examples stated in Section 119 07(0)(5). Finally Supplied with this filing does not qualify for the examples of the section 119 07(0)(5).		ortifu that the information and the second		-ZIP							

indicated on this report or suppliemental 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: