

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90091 050 ***150.00

DOCUMENT # P01000083310

1. Entity Name

TYSON PRINTING & GRAPHICS, INC.

Principal Place of Business

**123 FLAGSHIP DRIVE
 LUTZ FL 33549**

Mailing Address

**123 FLAGSHIP DRIVE
 LUTZ FL 33549**

2. Principal Place of Business

**123 Flagship Dr
 Suite, Apt. #, etc.
 Lutz FL**

3. Mailing Address

**123 Flagship Dr
 Suite, Apt. #, etc.
 Lutz FL**

City & State

33549 US

City & State

33549 US

4. FEI Number

59-3739485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

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)

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, 2002 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

PSD ☐ Delete
TYSON, SHAWN G
123 FLAGSHIP DRIVE
LUTZ FL 33549

VTD ☐ Delete
TYSON, MICHELLE C
123 FLAGSHIP DRIVE
LUTZ FL 33549

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Signature and Typed or Printed Name of Signing Officer or Director
Michael C. Tyson
430-02 813-948-4000

Date

Daytime Phone #

CR2E034 (9/01)