2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90032 045 ***150.00

DOCUMENT # P96000051628

1. Entity Name

TIM FERRY INC.

Principal Place of Business	Mailing Address
10507 95TH ST N LARGO FL 33777 US	10507 95TH ST N LARGO FL 33779-0926 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12501 Fort King Rd	P.O. Box 926
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dade City FL.	City & State: LARGO Florida
Zip: 33526 Country: ~~[illegible]~~ USA	Zip: 33779-0926 Country: USA

4. FEI Number 59-3411389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, NORMA D
8079 98 ST N
SEMINOLE FL 33777

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FERRY, TIMOTHY M ~~10507 95TH ST N~~ ~~LARGO FL 33777~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12501 Fort King Rd. Dade City, FL. 33526	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STFE FERRY, EVALEE ~~10507 95TH 1ST~~ N. ~~LARGO FL 33777~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12501 Fort King Rd DADE CITY FL. 33526	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Tim Ferry — 1/18/2000 — (727) 323-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #