

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90029 015 ***550.00

DOCUMENT # 222113

1. Entity Name
NEAL TYLER & SONS INC.

Principal Place of Business

~~216 DRUID STREET~~
~~JACKSONVILLE FL 32205~~

Mailing Address

~~216 DRUID STREET~~
~~JACKSONVILLE FL 32205~~

2. Principal Place of Business

991 WEST RAILROAD STREET

Suite, Apt. #, etc.

3. Mailing Address

991 WEST RAILROAD STREET

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

4. FEI Number

59-0869912

Applied For

Not Applicable

Zip

32055

Country

USA

Zip

32055

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYLER, TIMOTHY M.

2917 GRAND AVE
JACKSONVILLE FL

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 \$550.00
After September 12, 2001 Fee 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

TITLE **DS** ☐ Delete
NAME **EDGAR, J. CONROY**
STREET ADDRESS **16222 FOREST OAKS DR**
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **BCD** ☒ Delete
NAME **TYLER, DOROTHY A**
STREET ADDRESS **1812 SEMINOLE RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ Delete
NAME **TYLER, TIMOTHY M**
STREET ADDRESS **2917 GRAND AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete
NAME **RITTER, STEVEN P**
STREET ADDRESS **216 DRUID ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)