## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT#** 222113

1. Entity Name

NEAL TYLER & SONS INC.



**FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90286 035 \*\*\*150.00

Specific Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additions   \$9.75 Addition	Principal Plac	ce of Business	Mailing Address			]			
2. Principal Place of Business						ĺ			
Suite, Apt. #, etc.  City & State  City & St	LAKE CITY FL 32055 LAKE CITY FL 3205								
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Applied   A, FEI Number   S9-0869912   Applied   Applied   Applied   Applied   A, FEI Number   S9-0869912   Applied   Ap									<b>                                    </b>
Suite, Apt. #, etc.  City & State  City & St	2. Principal I	Place of Business	3 Mailing Address						
City & State  Country  Country  Country  Country  Country  S. Cerdicate of Status Desired  Replicated Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street. Address of New Registered Agent  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. I am familiar with, and a three obligations of registered agent agent and the #apolybabe.  PLE NOW!!! FEE IS, \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.0	- morpan	INDER OF DUBITIONS	Ivialing Address			ļ	c 100516 11010 31016 15061 15001 15000 1511 \$1011 \$	JOHN BIRTH DIDNI	1 BEBLI OLAN 1881
City & State  Country  Country  Country  Country  Country  S. Cerdicate of Status Desired  Replicated Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street. Address of New Registered Agent  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. I am familiar with, and a three obligations of registered agent agent and the #apolybabe.  PLE NOW!!! FEE IS, \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.0	Suite. Ant	. #. etc.	Suite Ant # etc						
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Zip Country Zip Country	City & Sta	te	City & State			4 5	EEI Nijmber		Applied For
E. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address  8. Test Address  9. Election Campaign Financing  9. Election Campaign Financing  9. Election Campaign Financing  10. Added to Fe 10. Added	•					" '	59-0869912		Not Applicable
S. Certificate of Status Desired   Fee Regulation   Fee R	Zip	Country	Zip Cou		ntry				
S. Name and Address of New Registered Agent TYLER, TIMOTHY M. 2917 GRAND AVE JACKSONVILLE FL  City  FL  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Ci			'		- ,	5. 0	Certificate of Status Desired		
TYLER, TIMOTHY M. 2917 GRAND AVE JACKSONVILLE FL  City FL  Zip Code  6. 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 a time obligations of registered agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent?  SIGNATURE  SUBMULTA, typed or pinear named rate of registered agent.  Added to Register May 1, 2003 Fee with be \$550.00  Make Obeck Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  TITLE  DEBUTE  SUBMULTA, THINDTHY M  SUBM		6. Name and Address of Currer	nt Registered Agent			7. N	Name and Address of New Registered		
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JACKSONVILLE FL  City  FL  Zip Code  8. 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 a time obligations of registered agent and late it applicable.  SIGNATURE  Symbolium types of present notice of registered agent and late it applicable.  (NOTE Registered Agent signature searchers when reressaring)  DATE  FILE NOW!!! FEE IS. \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  INTE  BOS  BOS  BOS  BOS  BOS  BOS  BOS  BO					Street Addr	ess (P.O. Bo	ox Number is Not Acceptable)		
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2. 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii).			·			<b>-</b> .			

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 10 or Block 11 if changed, or on an attachment with an accdress, with all other like empowered.

SIGNATURE:

1-25-03

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