

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 391461

1. Entity Name

D.B. TYLER & ASSOCIATES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90059 014 ***158.75

Principal Place of Business

Mailing Address

2500 E HALLANDALE BLVD
407G
HALLANDALE FL 33009
US

P.O. BOX 1028
HALLANDALE FL 33008-1028
US

00028437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2500 E. HALLANDALE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

511 C

City & State

City & State

HALLANDALE BEACH, FLA.

Zip

Country

Zip

Country

33009

USA

4. FEI Number

59-1377195

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYLER, DOROTHY

937 NE 26 AVE.

HALLANDALE FL 33009

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, 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	DP	<input type="checkbox"/> Delete
NAME	TYLER, DOROTHY	
STREET ADDRESS	937 NE 26 AVE.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dorothy B. Tyler Dorothy B. Tyler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2000

Date

954-454-0641

Daytime Phone #

CR2E034 (9/99)