Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # 506041 1. Enlity Name TTBY, INC. | | | | Secretary of State 02-19-2002 90082 024 ***150.00 | | |
|---|---|--|--|--|------------------------------------|--|
| Principal Place of Business Mailing Address 1723 LUCERNE TERRACE 1723 LUCERNE TERRACE ORLANDO FL 32806 ORLANDO FL 32806 | | | | 1 : 0 0 (0 ? 0 ?) (? 0) () () () () () | 1:4:: 0:0:: 0:0:: 0:0:: 0:0:: 100: | |
| 2. Principal | Place of Business | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State 4. | | 4. FEI Number 59-1677499 | Applied For Not Applicable | |
| Zip | Country | Zip C | country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current Re | gistered Agent | | 7. Name and Address of New Registered | Agent | |
| TAYLOR, ALLEN M 1723 LUCERNE TERRACE ORLANDO FL 32806 | | | Name Street Address (P. | Name Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | FL Zip Code | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After May 1, 2002 Fee w Make Check Payable to De | | | ee will be \$550.00 | 10. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 11. | OFFICERS AND DIF | RECTORS 1 | 12. | ADDITIONS/CHANGES TO OFFICERS AND | D DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THAMES, THOMAS B 1723 LUCERNE TERRACE ORLANDO FL 32806 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TAYLOR, ALLEN M 1723 LUCERNE TERRACE ORLANDO FL 32806 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST YOUNG, GARY W 1723 LUCERNE TERRACE ORLANDO FL 32806 | | ntle Name Street address City-St-Zip | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Brown, Gerald J 400 E. Coloninal Drive., #305 Orlando Fl 32803 | M S | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | S | ITTLE IAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | N S | ITLE IAME ITREET ADDRESS ITY-ST-ZIP | | ☐ Change ☐ Addition | |
| of the corp | on this report of supplemental report is true | e and accurate and that my sigi red to execute this report as rec | natura chall baya tha car | on 119.07(3)(i), Florida Statutes. I further cert ne legal effect as if made under oath; that I a lorida Statutes; and that my name appears in | | |

OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: