

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 545391**

1. Entity Name

TYLER PORTABLE BUILDINGS, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90362 015 ***150.00

923886

DO NOT WRITE IN THIS SPACE

Principal Place of Business 8601 LEM TURNER ROAD JACKSONVILLE FL 32208		Mailing Address 8601 LEM TURNER ROAD JACKSONVILLE FL 32208	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1778105		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TYLER, ARTHUR G. 8601 LEM TURNER ROAD JACKSONVILLE FL 32208		Name Stacy Powell	
		Street Address (P.O. Box Number is Not Acceptable) 8601 Lem Turner Road	
		Jacksonville, Florida 32208	
		City FL	Zip Code 32208
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 <u>Stacy C. Powell</u> 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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TYLER, ARTHUR G 2346 GAYLAND RD JACKSONVILLE, FL 00000 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TYLER, VIRGINIA 2346 GAYLAND RD JACKSONVILLE, FL 00000 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer Stacy Powell 8601 Lem Turner Road Jacksonville, Florida 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Secretary Sheila Powell 8601 Lem Turner Road Jacksonville, Florida 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Stacy C. Powell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			

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CR2E034 (10/00)