

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90789 044 ***150.00

DOCUMENT # 549637

1. Entity Name

TYSUN LANE CORPORATION

Principal Place of Business

Mailing Address

~~950 S WOODLAND BLVD~~
 DELAND FL 32720
 US

1501 W.N.Y AVE
Deland, FL
32720

~~950 S WOODLAND BLVD~~
~~950 SOUTH BOULEVARD~~
 DELAND FL 32720
 US

1501 W.N.Y AVE
Deland, FL
32720

2. Principal Place of Business

3. Mailing Address

1501 W.N.Y AVE

1501 W.N.Y AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **Deland, FL**

City & State **Deland, FL**

Zip **32720**

Country **VOLUSIA**

Zip **32720**

Country **VOLUSIA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOGAN, CARL M.

950 S WOODLAND BLVD
DELAND FL 32720

SUSAN H. Dowling
1501 W. N.Y AVE
Deland, FL
32720

Name

SUSAN H. Dowling

Street Address (P.O. Box Number is Not Acceptable)

1501 W.N.Y AVE

City

Deland

FL

Zip Code

32720

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

Susan H. Dowling

4/16/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOGAN, MR. CARL M. 950 S WOODLAND BLVD DELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWLING, SUSAN H. 226 S CARLTON AVE DELAND FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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:

Susan H. Dowling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

1-386-738-4426

Daytime Phone #

CR2E034 (9/01)