

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90051 034 ***150.00

DOCUMENT # 582846

1. Entity Name

TTL, INC.

Principal Place of Business

**5981 12TH AVENUE N.W.
NAPLES FL 34119
US**

Mailing Address

**5981 12TH AVENUE N.W.
NAPLES FL 34119
US**

2. Principal Place of Business

21257 WAYMOUTH RUN

3. Mailing Address

21257 WAYMOUTH RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ESTERO, FL

City & State

ESTERO, FL4. FEI Number **59-1852902**

Applied For

Not Applicable

Zip
33928Country
USAZip
33928Country
USA5. 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

MORROW, DAVID J.**5981 12TH AVENUE N W
NAPLES FL 34119**

Name

DAVID J. MORROW

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

21257 WAYMOUTH RUN

City

ESTERO**FL**

Zip Code

33928

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

**DAVID J. MORROW PRESIDENT****4-25-01**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORROW, DAVID J. 5981 12TH AVE N.W. NAPLES FL 34119-1313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID J. MORROW 21257 WAYMOUTH RUN ESTERO, FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

 **DAVID J. MORROW****4-25-01**

Date

941-821-4548

Daytime Phone #

CR2E034 (10/00)