**FILED** 

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

## Feb 01, 2001 8:00 am **DOCUMENT # 685802 Secretary of State** TINNEY CADILLAC CORPORATION 02-01-2001 90035 016 \*\*\*150.00 Principal Place of Business Mailing Address 938 EAST MAIN ST 938 EAST MAIN ST LAKELAND FL 33801 LAKELAND FL 33801 708785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2019247 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TINNEY, GILBERT M. JR Street Address (P.O. Box Number is Not Acceptable) 938 E MAIN STREET LAKELAND FL 33801 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State <del>11</del>. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITI F ☐ Delete ☐ Change ■ Addition TINNEY, GILBERT M, JR NAME 938 E MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 00000 33801-5129 CITY-ST-ZIP TITLE ☐ Delete TITL F Change ☐ Addition TINNEY, WILLIAM G NAME NAME 938 E MAIN ST STREET ADDRESS STREET ADDRESS LAKELAND, FL 00000 33801-5129 CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete ☐ Addition TINNEY, MARY MARGARET NAME NAME 938 E MAIN STREET STREET ADDRESS STREET ADDRESS LAKELAND FL 33801-5129 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 24 2001 869-182-7173