

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0468910 AV

**DOCUMENT # 685802**

1. Entity Name

**TINNEY CADILLAC CORPORATION**

04-01-2002 90052 043 \*\*\*150.00

Principal Place of Business

**938 EAST MAIN ST  
 LAKELAND FL 33801**

Mailing Address

**938 EAST MAIN ST  
 LAKELAND FL 33801**

2. Principal Place of Business

**3242 HENDERSON**

3. Mailing Address

**P.O. BOX 1868**

Suite, Apt. #, etc.

**SUITE 301**

Suite, Apt. #, etc.

City & State

**TAMPA, FLORIDA**

City & State

**TAMPA, FLORIDA**

Zip

**33609**

Country

**HILLSBOROUGH**

Zip

**33601**

Country

**HILLSBOROUGH**

4. FEI Number

**59-2019247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TINNEY, GILBERT M, JR  
 938 E MAIN STREET  
 LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name  
**MAGNUS FLAWS, JR.**

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

**3242 HENDERSON BLVD.**

**SUITE 301**

City

**TAMPA,**

**FL**

Zip Code

**33609**

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

*Magnus Flaws, Jr.*

**MAGNUS FLAWS, JR.**

*2/19/02*

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

TITLE ☐ Delete  
 NAME **DPT**  
 STREET ADDRESS **TINNEY, GILBERT M, JR**  
 CITY-ST-ZIP **938 E MAIN ST  
 LAKELAND, FL 00000 33801-5129**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **TINNEY, WILLIAM G**  
 CITY-ST-ZIP **938 E MAIN ST  
 LAKELAND, FL 00000 33801-5129**

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **TINNEY, MARY MARGARET**  
 CITY-ST-ZIP **938 E MAIN STREET  
 LAKELAND FL 33801-5129**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **11249 WEST M57**  
 CITY-ST-ZIP **GREENVILLE, MI 48838**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **11249 WEST M57**  
 CITY-ST-ZIP **GREENVILLE, MI 48838**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **11249 WEST M57**  
 CITY-ST-ZIP **GREENVILLE, MI 48838**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*William G. Tinney*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)