2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3916 PINAR DR.

DOCUMENT # F13753

1. Entity Name

3916 PINAR DR

Principal Place of Business

TIPPETT ENTERPRISES, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90228 021 ***150.00

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| BRADENTON US 2. Principal Suite, Apt                                                                                                                                                                                                                                                                                                                                                       | FL 34210<br>Place of Busi                 | ness                            | BRAI<br>US<br>3. Ma | 3. Mailing Address  |                                    |                                                         |          |                                |                                            |            |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|---------------------|---------------------|------------------------------------|---------------------------------------------------------|----------|--------------------------------|--------------------------------------------|------------|-------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | Sui                 | Suite, Apt. #, etc. |                                    |                                                         |          | ☐ CHECK HERE IF MAKING CHANGES |                                            |            |                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                 | Cit                 | City & State        |                                    |                                                         | 4        | 4. FEI Number 59-2074031       |                                            | — →        | Applied For             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                        | Country                                   |                                 | Zip                 | Zip                 |                                    | Country                                                 |          | . Certificate of               |                                            | \$8.75     |                         |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                     |                     |                                    | ]                                                       |          |                                | idress of New Register                     | Fee Requ   | ired                    |  |
| TIPPETT, DAVID G<br>3916 PINAR DRIVE<br>BRADENTON FL 34210                                                                                                                                                                                                                                                                                                                                 |                                           |                                 |                     |                     |                                    | Name Street Address (P.O. Box Number is Not Acceptable) |          |                                |                                            |            |                         |  |
| <u>. Šaris</u>                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                 |                     |                     |                                    | City                                                    | <u>-</u> | F                              |                                            |            | 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |                                           |                                 |                     |                     |                                    |                                                         |          |                                |                                            |            |                         |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                         |                                           |                                 |                     |                     |                                    |                                                         |          | Trust F                        | on Campaign Financing<br>und Contribution. | ∐ Add      | 00 May Be<br>ed to Fees |  |
|                                                                                                                                                                                                                                                                                                                                                                                            | ST                                        | OFFICERS                        | AND DIRECTO         |                     | 11.                                |                                                         | A        | DDITIONS/CH                    | ANGES TO OFFICERS A                        | ND DIRECTO | RS IN 11                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      | TIPPETT, D<br>3916 PINA                   | DORIS E<br>R DR<br>DN, FL 33507 |                     | □ Delete            |                                    | 1                                                       |          |                                |                                            | Change     | ☐ Addition              |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                   | V<br>TIPPETT, P<br>3916 PINAI<br>BRADENTO | r dr                            |                     | ☐ Delete            | TITLE<br>NAME<br>STREET<br>CITY-S  | T ADDRESS<br>ST-ZIP                                     |          |                                |                                            | ☐ Change   | Addition                |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                             | P<br>TIPPETT, D<br>3916 PINAI<br>BRADENTO | r dr                            |                     | ☐ Delete            | TITLE<br>NAME<br>STREET<br>CITY-S  | FADDRESS<br>ST-ZIP                                      |          |                                | <del></del>                                | ☐ Change   | ☐ Addition              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      |                                           |                                 |                     | ☐ Delete            | TITLE<br>NAME<br>STREET<br>CITY-S  | ADDRESS                                                 |          |                                |                                            | Change     | ☐ Addition              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      |                                           |                                 |                     | ☐ Delete            | TITLE NAME STREET CITY-S           | ADDRESS<br>T-ZIP                                        |          |                                |                                            | ☐ Change   | Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      |                                           |                                 | ,                   | ☐ Delete            | TITLE<br>NAME<br>STREET<br>CITY-ST | ADDRESS<br>T-ZIP                                        |          |                                |                                            | Change     | Addition                |  |

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TAPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

(941) 7.56 - 7.193 Daytime Phone # CR2E034 (10/02)