

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90010 043 ***150.00

DOCUMENT # F15620

1. Entity Name
TIREUS CORP.

Principal Place of Business

~~7894 MANOR FOREST~~
~~BOYNTON BEACH FL 33462~~
~~US~~

Mailing Address

~~7894 MANOR FOREST~~
~~BOYNTON BEACH FL 33462~~
~~US~~

2. Principal Place of Business

934 S. DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address

934 S. DIXIE HWY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 LANTANA, FL

Zip
 33462

Country
 USA

City & State
 LANTANA, FL

Zip
 33462

Country
 USA

4. FEI Number 59-2059447

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~ANTTILA, TAPIO~~
~~7894 MANOR FOREST BLVD~~
~~BOYNTON BEACH FL 33462~~

7. Name and Address of New Registered Agent

Name ANNE JAAKKOLA

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

934 S. DIXIE HWY

City FL **Zip Code** 33462

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)

DATE

4-24-02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE ~~DPS~~ ☒ **Delete**
NAME ~~ANTTILA, TAPIO~~
STREET ADDRESS ~~7894 MANOR FOREST BLVD.~~
CITY-ST-ZIP ~~BOYNTON BEACH FL~~

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S ☐ **Change** ☒ **Addition**
NAME JUHANI FORSMAN
STREET ADDRESS 896 W. FEDERAL HWY
CITY-ST-ZIP LANTANA FL 33462

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

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 **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

Daytime Phone #

CR2E034 (9/01)