

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F59926

1. Entity Name

TYNER CONSTRUCTION, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90040 031 \*\*\*150.00

Principal Place of Business

Mailing Address

ANGLE ROAD  
P.O. BOX 416  
FT. PIERCE FL 34954

9335 ANGLE ROAD  
P.O. BOX 416  
FT. PIERCE FL 34954-0416

60020520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2143113

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. 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

TYNER, JAMES R  
9335 ANGLE RD.  
FT PIERCE FL 34947

Name BEVERLY W TYNER  
Street Address (P.O. Box Number is Not Acceptable)  
9335 ANGLE ROAD  
City FORT PIERCE FL Zip Code 34947

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 *Beverly W Tyner*  
Signature, typed or printed name of registered agent and title if applicable.

BEVERLY W TYNER  
(NOTE: Registered Agent signature required when reinstating)

2-9-00  
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TYNER, JAMES R.	
STREET ADDRESS	9335 ANGLE RD.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TYNER, BEVERLY W.	
STREET ADDRESS	9335 ANGLE RD.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R TYNER	
STREET ADDRESS	9335 ANGLE ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34947	
TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY W. TYNER	
STREET ADDRESS	9335 ANGLE ROAD	
CITY-ST-ZIP	FORT PIERCE, FL 34947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Beverly W Tyner* BEVERLY W TYNER 2-9-00 501-3881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)