

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 048 ***150.00

DOCUMENT # F98000005875

1. Entity Name

TYNAN GROUP, INC.

Principal Place of Business

Mailing Address

2927 DE LA VINA ST., STE. A
 SANTA BARBARA CA 93105

2927 DE LA VINA ST., STE. A
 SANTA BARBARA CA 93105-3362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

77-0326998

Applied For

Not Applicable

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

POKRYWA, TODD J
2431 ALOMA AVE., STE. 212
WINTER PARK FL 32792

Name **Jeff Hart**

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

204 Shadow Bay Drive

City

Orlando

FL

Zip Code

32825

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

Jeff Hart

Jeff Hart (Project Manager)

4/28/00

Signature, type or print 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, 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 **P** ☐ Delete
 NAME **TYNAN, JOHN P**
 STREET ADDRESS **815 LILAC DR.**
 CITY-ST-ZIP **SANTA BARBARA CA 93108**

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

TITLE **VCFO** ☐ Delete
 NAME **ODELL, DAVID W**
 STREET ADDRESS **442 LEMON GROVE LN.**
 CITY-ST-ZIP **SANTA BARBARA CA 93108**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

John P. Tynan

John P. Tynan
 (President)

4/28/00

Date

(805) 818-0567

Daytime Phone #