

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90028 048 ***150.00

CR2E034 (9/01)

DOCUMENT # G21331

1. Entity Name
ROY C. TILLETT REALTY, INC.

Principal Place of Business

**807 1ST ST N W
 POB 1315
 RUSKIN FL 33570**

Mailing Address

**807 1ST ST N W
 POB 1315
 RUSKIN FL 33570**

2. Principal Place of Business

103 Steven ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1315

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ruskin FL

City & State
Ruskin FL

4. FEI Number **59-2262951**

Applied For
 Not Applicable

Zip **33570**
 Country **Hillsborough**

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 Country **Hillsborough**

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

6. Name and Address of Current Registered Agent

**TILLET, ROY C
 807 1ST ST N W
 RUSKIN FL 33570**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE *Roy C. Tillett* Roy C. Tillett 2-17-02
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TILLET, ROY C 807 1ST ST N W RUSKIN, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *Roy C. Tillett* Roy C. Tillett 2-18-02 813 645-1097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #