## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **J18847** May 01, 2000 8:00 am Secretary of State 1. Entity Name TIRO LOCO, INC. 05-01-2000 90464 036 \*\*\*150.00 Principal Place of Business Mailing Address 2 SOUTH BISCAYNE BLVD 2 SOUTH BISCAYNE BLVD STE 3400 STE 3400 MIAMI FL 33131-1802 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address c/o Bischoff & Associates, P.A. 100 SE 2nd Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 SE 2nd Street, 28th Floor 28th Floor City & State City & State 4. FEI Number Applied For 63-0942637 Miami, Florida Not Applicable Miami, Florida Country **\$8.75** Additional 🗸 <sup>Zip</sup> 331.31 5. Certificate of Status Desired 33131 UŚA (KA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Richard J. Bischoff, Esq. BISCHOFF, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) C/O BISCHOFF & ASSOCIATES, P.A. ONE BISCAYNE TOWER, 2 BISCAYNE BLVD. STE 3400 100 SE 2nd Street 28th Floor MIAMI FL 33131 8. The above named entity bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD TITLE ☐ Delete TITI F Change ☐ Addition BEDSOLE, M. PALMER JR NAME STREET ADDRESS 25 EDGEFIELD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 33608 ☐ Change Addition Delete TITLE TITLE DEAN, LORETTA NAME NAME 11050 MCDAVID ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILMER AL 36587 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE

13. I hereby certify that the information supplied with this filling 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 signal fre 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 equired 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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (334) 479-2624

> Daytime Phone # Date