

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90208 023 ***150.00

DOCUMENT # J18847

1. Entity Name

TIRO LOCO, INC.

Principal Place of Business

C/O BISCHOFF & ASSOCIATES, P.A.
100 SE 2ND ST., 28TH FL.
MIAMI FL 33131
US

Mailing Address

C/O BISCHOFF & ASSOCIATES, P.A.
100 SE 2ND ST., 28TH FL.
MIAMI FL 33131
US

2. Principal Place of Business

3. Mailing Address

288 ARAGON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D

City & State

City & State

CORAL GABLES, FL.

Zip

Country

Zip

Country

33134

USA

4. FEI Number

63-0942637

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

BISCHOFF, RICHARD J.
C/O BISCHOFF & ASSOCIATES, P.A.
100 SE 2ND ST., 28TH FL.
MIAMI FL 33131

Name

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

288 ARAGON AVENUE

SUITE D

City

CORAL GABLES

FL

Zip Code

33134

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, 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, 2001 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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **BEDSOLE, M. PALMER JR**
 CITY-ST-ZIP **25 EDGEFIELD RD**
MOBILE AL 33608

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **DEAN, LORETTA**
 CITY-ST-ZIP **11050 MCDAVID ROAD**
WILMER AL 36587

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loretta Dean

Date

2-2-01

Daytime Phone #

334-49-2624

CR2E034 (10/00)