

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J68102****1. Entity Name**
TYSON TRADING COMPANY**Principal Place of Business**
17100 SW 10TH TERRACE
MICANOPY FL 32667
US**Mailing Address**
P.O. BOX 369
MICANOPY FL 32667
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**TYSON, WAYNE L**
17100 SE 10 TERR.
MICANOPY FL 32667**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**

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, 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**

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|-----------|---------------------|--------------------------|---------------------------------|
| | P | TYSON, WAYNE | 17100 SW 10 TERR. | <input type="checkbox"/> Delete |
| | | MICANOPY FL | | |
| | VS | TYSON, JEAN | 17100 SW 10 TERR. | <input type="checkbox"/> Delete |
| | | MICANOPY FL | | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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

Date

Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90029 010 ***150.00

00002491



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2798512**

Applied For

Not Applicable

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

CR2E034 (10/00)