

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90362 039 \*\*\*158.75

0059479  
 AV

**DOCUMENT # K12566**

1. Entity Name

**TI. NEE ENTERPRISE, INC.**

Principal Place of Business

**1358 CALCUTTA DRIVE  
 GULF BREEZE FL 32501**

Mailing Address

**1358 CALCUTTA DRIVE  
 GULF BREEZE FL 32501**

2. Principal Place of Business

**3 Casino Bch. Boardwalk**

Suite, Apt. #, etc.

3. Mailing Address

**240 W. Moreno St.**

Suite, Apt. #, etc.

City & State

**Pensacola Bch., FL**

City & State

**Pensacola, FL**

Zip

**32561**

Country

**USA**

Zip

**32561**

Country

**USA**

4. FEI Number

**59-2871305**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BURMEISTER, MONA R.  
 1358 CALCUTTA DR  
 GULF BREEZE FL 32501**

7. Name and Address of New Registered Agent

Name

**Tiffany D. D'Alemberte**

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

**240 W. Moreno St**

City

**Pensacola**

FL

Zip Code

**32501**

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

**Tiffany D. D'Alemberte, Director**

**3/18/01**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURMEISTER, MONA R.</b>	
STREET ADDRESS	<b>1358 CALCUTTA DR</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tiffany D. D'Alemberte</b>	
STREET ADDRESS	<b>240 W. Moreno St.</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32501</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

**Tiffany D. D'Alemberte**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/01**

Date

**850)432-1643**

Daytime Phone #

CR2E034 (9/01)