CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # K45331 1. Entity Name 04-09-2002 90024 039 ***150.00 TYRONE MINI-STORE COMPANY Principal Place of Business Mailing Address 7750 38TH AVE. N. 7750 38TH AVE. N. ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1753562 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ____6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent. Name MALLER, KAREN E Street Address (P.O. Box Number is Not Acceptable) **BARNETT TOWER** 1 PROGRESS PLAZA SUITE 1210 ST. PETERSBURG FL 33701 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Defete TITLE ☐ Change ☐ Addition DALRYMPLE, GERALD F NAME NAME 7750 38TH AVE N STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD ☐ Delete TITLE ☐ Change ☐ Addition NAME DALRYMPLE, NINA M NAME STREET ADDRESS 7750 38TH AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33710 CITY-ST-ZIP TITLE CV Delete TITLE ☐ Change ☐ Addition NAME KESSLER, CARA L NAME STREET ADDRESS 7750 38TH AVENUE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 atta-ARA LIKESSUER SIGNATURE: