2003 FOR PROFIT CORPORATION

FILED Mar 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** K45331 DOCUMENT # 1. Entity Name 03-28-2003 90101 035 ***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. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change Addition Delete DALRYMPLE, GERALD F NAME NAME STREET ADDRESS 7750 38TH AVE N STREET ADDRESS ST PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE VSD ☐ Change ☐ Delete TITLE DALRYMPLE, NINA M NAME NAME STREET ADDRESS 7750 38TH AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33710 CITY-ST-ZIP ☐ Delete * TITLE TITLE ☐ Change Addition NAME Kessler, Cara L NAME STREET ADDRESS STREET ADDRESS 7750 38TH AVENUE N 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 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if t with an address, with all other like empowered changed, or on an attachme

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition