

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90219 041 \*\*\*150.00

**DOCUMENT #**

1. Entity Name L96673

David E. Tyrrell, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
13641 Roberts Road

3. Mailing Address  
13641 Roberts Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Bokeelia, FL 33922

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Bokeelia, FL 33922

4. FEI Number 65-0218510

Applied For  
Not Applicable

Zip Country

Zip Country

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Tyrrell, David E

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

13641 Roberts Road

City Bokeelia, FL 33922 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David E. Tyrrell*  
Signature, typed or printed name of registered agent and title if applicable.

DAVID E. TYRRELL  
(NOTE: Registered Agent signature required when reinstating)

3-25-03  
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
D  
Tyrrell, David E  
STREET ADDRESS  
13641 Roberts Road  
CITY-ST-ZIP  
Bokeelia, FL 33922

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/02)