

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90189 039 ***150.00

DOCUMENT # P00000018482

1. Entity Name

BRUCE TYNDALL ENTERPRISES, INC.



Principal Place of Business

**410 SOUTH LINCOLN AVE STE B
CLEARWATER FL 33756**

Mailing Address

**519 HARBOR DRIVE NORTH
INDIAN ROCKS BEACH FL 33785-3116**

2. Principal Place of Business

3. Mailing Address

2383 INDIAN TRAIL E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM HARBOR, FL

Zip

Country

Zip

Country

34683

FLORIDA

4. FEI Number

59-3628396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TYNDALL, BRUCE

519 HARBOR DRIVE NORTH

INDIAN ROCKS BEACH FL 33785-3116

7. Name and Address of New Registered Agent

Name

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

2383 INDIAN TRAIL E.

City

PALM HARBOR

FL

Zip Code

34683

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

After May 1, 2003 Fee will be \$550.00

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **TYNDALL, BRUCE G**
STREET ADDRESS **519 HARBOR DR N**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

☐ Delete

TITLE **V**
NAME **TYNDALL, BARBARA M**
STREET ADDRESS **519 HARBOR DR N**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

☐ Delete

TITLE
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CITY-ST-ZIP **2383 INDIAN TRAIL E.
PALM HARBOR, FL 34683**

☒ Change

☐ Addition

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☒ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

Date

727.771.2950

Daytime Phone #