

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90009 035 \*\*\*150.00

**DOCUMENT # P00000021071**

1. Entity Name

TYZ, INC.

Principal Place of Business

2155K UNIVERSITY SQUARE MALL  
TAMPA FL 33612

Mailing Address

2155K UNIVERSITY SQUARE MALL  
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2701642  
**APPLIED FOR**☒ Applied For...☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIFTER, FRED  
1707 OAK BRANCH CT.  
BRANDON FL 33611

Name

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

City

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.

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  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P YILMAZ, TUGRUAL 8649 N. HIMES AVE. # 824 TAMPA FL 33614</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02

Date

813 976065

Daytime Phone #

CR2E034 (9/01)

Station Name: DLS0149001 Date: 02/28/2002 Time: 1:17:55 PM

Attachment

INOLES59-3701642

CURRENT BMF N/C YILM

LOC CODE 5901

LUC 200112

CURRENT BMF NAMELINE

TUGRUL YILMAZ

TEES ONLY & BEADS PLUS

8649 N HIMES AVE 824

TAMPA

FL 33614-8364 246

LOCATION ADDRESS

2155K UNIVERSITY SQ MALL

TAMPA, FL, 33612

FISCAL YEAR MONTH 00

PRIOR FISCAL YEAR MONTH 00

EMPLOYMENT CODE 0

ESTABLISHMENT YEAR/MONTH 200103

BOD CODE SB BOD CLIENT CODE DEBT IND N

XREF/TRANS INFO

CODE UCYC TIN

SP 200112 590-43-7624

17643  
# P00000021071