

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030148

1. Entity Name
TLTB CORP.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90189 042 ***150.00

Principal Place of Business

1128 NESTLING COURT
GULF BREEZE FL 32561

Mailing Address

1128 NESTLING COURT
GULF BREEZE FL 32561

2. Principal Place of Business

1169 Gulf Breeze Pkwy
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Zip

32561

Country

USA

Zip

Country

4. FEI Number

59-3635332

Applied For

Not Applicable

5. 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

KEENAN, SHAWN P.
1128 NESTLING COURT
GULF BREEZE FL 32561

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, 2001 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	P, D	<input type="checkbox"/> Delete
NAME	Jennifer L Keenan	
STREET ADDRESS	1128 Nestling Ct.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	T, D, S	<input type="checkbox"/> Delete
NAME	Shawn P. Keenan	
STREET ADDRESS	1128 Nestling Ct.	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mary M. Keenan	
STREET ADDRESS	3880 Hidden Oak Dr.	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	VP, D	<input type="checkbox"/> Delete
NAME	Myron Shires	
STREET ADDRESS	6 Gunn Circle	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE:

Shawn P. Keenan

Shawn P. Keenan

2/5/01

(850) 934-0037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)