


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

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90024 020 \*\*\*150.00

DOCUMENT # 59-3636494	
1. Entity Name <i>Timmerman Reporting, INC</i>	

**DO NOT WRITE IN THIS SPACE**

94039979

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>9604 Tara Cay Ct</i>	3. Mailing Address <i>- Same -</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Seminole, FL</i>	City & State
Zip <i>33776</i>	Country <i>Pineellas</i>

4. FEI Number <i>59-3636494</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name <i>CATHERINE TIMMERMAN</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>9604 TARA CAY CT</i>		
City <i>Seminole</i>	FL	Zip Code <i>33776</i>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 STREET ADDRESS CITY-ST-ZIP <i>PRES CATHERINE Timmerman 9604 TARA CAY CT Seminole, FL 33776</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *C.T.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

Date

727-517-7799

Daytime Phone #

CR2E034B (12/02)