## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

7522 WILES ROAD. #204 CORAL SPRINGS FL 33067

DOCUMENT # P0000042741

1. Entity Name

THE TUNKEY AGENCY, INC.

Principal Place of Business 7522 WILES ROAD. #204

CORAL SPRINGS FL 33067



## FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90097 043 \*\*\*150.00

WHAL STRING	3 FL 33007	Odine di milos le osso	,						
2. Principal Place of Business		3. Mailing Address				) (Majibb) iki Sekii Ebii Daili Peki Doili eeli		I II 1 I I I I I I I I I I I I I I I I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State		<b>4</b> . F	El Number 65-1010795	plied For Applicable			
Zip Country		Zip	Coun	Country		Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
		···		Name		•			
TUNKEY, J	AMES A		Street Address (P.O. Box Number is Not Acceptable)						
7522 WILE	S ROAD, #204								
CORAL SP	RINGS FL 33067								
				City		-	Zip Code		
8 The above	named entity submits this statement t	for the purpose of changing it	s register	ed office or regis	stered ag	ent, or both, in the State of Florida. I a	ım familiar with,	and accept	ı
the obligati	ons of registered agent.		_						
									1
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registere	d Agent signature req	uired when re	einstating) DAI	E		ļ
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State	_		-	Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be I to Fees	
	OFFICERS ANI		11.	· · · · · ·	A	DDITIONS/CHANGES TO OFFICERS	ND DIRECTORS	3 IN 11	_
10.	DP	Delete	TITL	E			☐ Change	Addition	CR2E034 (10/02)
	TUNKEY, JAMES A	· •		IE .					100
	7522 WILES ROAD, #204			EET ADDRESS	DDRESS				8
CITY-ST-ZIP	CORAL SPRINGS FL 33067			-ST-ZIP					ZE(
TITLE	· Delete		TITL	TLÉ			Change	Addition	5
NAME			NAM						
STREET ADDRESS				EET ADDRESS			_		
CITY-ST-ZIP	<u> </u>						☐ Change	Addition	1
TITLE		☐ Delete	TITL	i i			Change	Addition	
NAME			NAÑ CTD	EET ADDRESS					
STREET ADDRESS				Y-ST-ZIP					
CITY-ST-ZIP			TITL	<del></del>			☐ Change	Addition	1
TITLE	1	☐ Delete	NAM					<del>_</del>	
NAME STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Delete	TITI	_E			☐ Change	Addition	
NAME			NAF	ИE					
STREET ADDRESS			STR	EET ADDRESS					Ì
CITY-ST-ZIP			CIT	Y-ST-ZIP					-
TITLE		☐ Delete	TIT	LE			☐ Change	Addition	
NAME			NAI						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP	*:			Y-ST-ZIP		119 07(3Vi) Florida Statutes I furthe	r cortifu that the	information	1
	and the second s	the state of the s		amation stated i	IN NACTION	TO GOD TO STOLE OF THE STATE OF	COLLEGE HEALTH	a a contraction	1

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2003 752-5353