

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State

08-20-2002 90132 018 ***158.75

DOCUMENT # P00000046827

1. Entity Name
TLOL, INC.

Principal Place of Business
4451 ORANGE GROVE BLVD
FORT MYERS FL 33903

Mailing Address
P.O. BOX 100774
CAPE CORAL FL 33910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3667781**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

COLEMAN, CARL JOSEPH
2201 2ND ST., 5TH FLOOR
FT. MYERS FL 33901

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **ELLET, SHARON**
 STREET ADDRESS **P.O. BOX 100774**
 CITY-ST-ZIP **CAPE CORAL FL 33910**
4451 ORANGE GROVE BLVD

TITLE ☐ Change ☐ Addition
 NAME **4451 ORANGE GROVE BLVD**
 STREET ADDRESS **FT MYERS**
 CITY-ST-ZIP **FL 33903**

TITLE **D** ☒ Delete
 NAME **BALL, MARY ELLEN**
 STREET ADDRESS **P.O. BOX 100774**
 CITY-ST-ZIP **CAPE CORAL FL 33910**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **SCOTT, SUE**
 STREET ADDRESS **P.O. BOX 100774**
 CITY-ST-ZIP **CAPE CORAL FL 33910**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: **Sharon Ellet**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-02

Date

Daytime Phone #

CR2034 (4/02)

Attachment

#P00000046827

To Whom this may concern

Please note change of address.
The other two business partners
claimed they just recieved this.

They have been deleted from the
business. It is now solely in
my name

I would also like to order
the certificate of status please.

Thankyou So much

Sincerely

Sharon Ellis

TLOK INC

4451 Orange Grove Blvd

N. Ft Myers

FL 33903