2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000061028 1. Entity Name TILAMU, INC.					Secretary of State 02-19-2002 90051 013 ***150.00			
Principal Plac 1777 TAMIAM PORT CHARL			: 188/1880: HI Benz Behn Benz 88/H 88/H 88/H	1 ENEL (1841 BENIA				
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4	. FEI Number 65-1025891		oplied For of Applicable	
Zip	Country	Zip	Country	5	. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registered	Agent-		
MURNO, TIMOTHY J 437 DELANEY STREETV			Street A	Street Address (P.O. Box Number is Not Acceptable)				
PORT CHARLOTTE FL 33954			<u> </u>					
v					FL	Zip Code	e	
8. The above	named entity submits this statement for t	he purpose of changing its r	registered office or	r 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 signate	ure required whe	n 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!!! After May 1, 2002 Make Check Payable				50.00	Election Campaign Financing Trust Fund Contribution. [0 May Be I to Fees	
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURNO, TIMOTHY J POST OFFICE BOX 380127 MURDOCK FL 33938	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SJ-ZIP	D MURNO, LAURIE M POST OFFICE BOX 380127 MURDOCK FL 33938	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			☐ Change	☐ Addition	
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TITLE AME TREET ADDRESS TITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS TY-ST-ZIP	ertify that the information supplied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ed in Sectio	n 119.07(3)(i), Florida Statutes. I further ce	☐ Change	Addition	

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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941769-1163 Daytime Phone # Date