

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90209 030 \*\*\*150.00

**DOCUMENT # P00000061324**

1. Entity Name

TLT EXPRESS, INC.



Principal Place of Business

1311 N. 65TH TERR.

HOLLYWOOD FL 33024

Mailing Address

1311 N. 65TH TERR.

HOLLYWOOD FL 33024

10066021



2. Principal Place of Business

6270 SE 135 ST

3. Mailing Address

6270 SE 135 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Summerfield, FL

City & State

Summerfield, FL

4. FEI Number

65-1020150

Applied For

Not Applicable

Zip

34491

Country

Marion

Zip

34491

Country

Marion

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUKEY, TIMOTHY L

1311 N. 65TH TERR.

HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6270 SE 135 ST

City

Summerfield

FL

Zip Code

34491

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

4/10/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 ☐ Delete  
NAME D  
STREET ADDRESS TUKEY, PAMELA T  
CITY-ST-ZIP 1311 N. 65TH TERR.  
HOLLYWOOD FL 33024

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TUKEY, TIMOTHY L  
CITY-ST-ZIP 1311 N. 65TH TERR.  
HOLLYWOOD FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Address 3  
STREET ADDRESS 6270 SE 135 ST  
CITY-ST-ZIP Summerfield FL 34491

TITLE ☒ Change ☐ Addition  
NAME Address 3  
STREET ADDRESS 6270 SE 135 ST  
CITY-ST-ZIP Summerfield FL 34491

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

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

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

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

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

Date

Daytime Phone #

4/10/03

CR2E034 (10/02)