

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91328 033 ***158.75

DOCUMENT # P00000099594

1. Entity Name

T.N.T., Inc.

Principal Place of Business

Mailing Address

2225 S. Harbor City Boulevard (same)
 Melbourne, FL 32901

C0067368

2. Principal Place of Business

2225 S. Harbor City Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

2225 S. Harbor City Blvd.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Melbourne, FL 32901

City & State
 Melbourne, FL 32901

4. FEI Number
 59-3678299

Applied For
 Not Applicable

Zip Country
 32901 USA

Zip Country
 32901 USA

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

John W. Abrams, Jr.
 2225 S. Harbor City Boulevard
 Melbourne, FL 32901

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

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 \$150.00
 After MAY 1, 2001 Fee will be \$350.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	P D John W. Abrams, Jr. 2225 S. Harbor City Blvd. Melbourne, FL 32901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D Ricky R. Simmons 130 Roosevelt #105 Satellite Beach, FL 32937	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: *Ricky R. Simmons* Ricky R. Simmons 4/24/01 321-951-3029
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)