

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90160 021 ***150.00

DOCUMENT # P01000013740

1. Entity Name
THE TYDEN CORPORATION



Principal Place of Business
5728 MAJOR BOULEVARD
SUITE 223
ORLANDO FL 32819

Mailing Address
5728 MAJOR BOULEVARD
SUITE 223
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

226 Forest Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WINDERMERE, FL

Zip

Country

Zip
34786

Country
US

4. FEI Number 59-3713121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAPPORT, ROBERT J
5728 MAJOR BOULEVARD
SUITE 223
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **RAPPORT, ROBERT J**
STREET ADDRESS **214 BUTLER ST**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☐ Delete
NAME **LOWE, TERRI**
STREET ADDRESS **2324 IRLO DR**
CITY-ST-ZIP **KISSIMMEE FL 34741**

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 **226 Forest Street**
STREET ADDRESS **WINDERMERE, FL 34786**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **837 Skyridge Rd**
STREET ADDRESS **Clermont FL 34711**
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

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

3-12-03

407-963-5753

Date

Daytime Phone #

CR2E034 (10/02)