

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90066 023 \*\*\*150.00

**DOCUMENT # P01000017718**

1. Entity Name

**T&Y PINE STRAW, INC.**

Principal Place of Business

**543 HOWLIN RD  
 DEFUNIAK SPRINGS FL 32433-4786**

Mailing Address

**543 HOWLIN RD  
 DEFUNIAK SPRINGS FL 32433-4786**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3701672**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III PA  
 38008 EMERALD COAST PKWY, STE 301  
 DESTIN FL 32541**

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.

SIGNATURE

Signature, typed or printed name of registered agent and date 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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

TITLE	President	<input type="checkbox"/> Delete
NAME	Ginger L. Tamez	
STREET ADDRESS	543 Howlin Rd.	
CITY-ST-ZIP	Defuniak Springs, FL 32433	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Ginger L. Tamez	
STREET ADDRESS	543 Howlin Rd	
CITY-ST-ZIP	Defuniak Spgs, FL 32433	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Ginger L. Tamez	
STREET ADDRESS	543 Howlin Rd	
CITY-ST-ZIP	Defuniak Spgs, FL 32433	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Isaias V. Tamez	
STREET ADDRESS	543 Howlin Rd	
CITY-ST-ZIP	Defuniak Spgs, FL 32433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02**

**8508922752**  
 Daytime Phone #

CR2E034 (9/01)