

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90088 029 ***150.00

DOCUMENT # P01000027135

1. Entity Name

MYIT TA MON, INC

Principal Place of Business

**8040 CONSERVATORY CIR
SARASOTA FL 34243**

Mailing Address

**8040 CONSERVATORY CIR
SARASOTA FL 34243**

2. Principal Place of Business

11005, BRISTOL BAY DRIVE

3. Mailing Address

11005, BRISTOL BAY DRIVE

Suite, Apt. #, etc.

*** 610**

Suite, Apt. #, etc.

*** 610**

City & State

BRADENTON, FLORIDA

City & State

BRADENTON, FLORIDA

Zip

34209-7902

Country

U. S. A

Zip

34209-7902

Country

U. S. A

4. FEI Number

65-1085115

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LWIN, MYINT MYINT

8040 CONSERVATORY CIR

SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

LWIN, MYINT MYINT

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

11005, BRISTOL BAY DRIVE, * 610

City

BRADENTON

FL

Zip Code

34209-7902

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 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 **D** ☐ Delete
NAME **LWIN, MYINT MYINT**
STREET ADDRESS **8040 CONSERVATORY CIR**
CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

01/24/02

Date

(941) 761-0539

Daytime Phone #

CR2E034 (9/01)