

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90101 028 \*\*\*150.00

**DOCUMENT # P01000033868**

**1. Entity Name**  
**TY ARCHER ENTERPRISES, INC.**

**Principal Place of Business**  
**2417 JENSCOT ROAD**  
**ST CLOUD FL 34771**

**Mailing Address**  
**2417 JENSCOT ROAD**  
**ST CLOUD FL 34771**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**2471 Jenscot Rd**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**2471 Jenscot Rd**  
 Suite, Apt. #, etc.

**City & State**  
**St. Cloud FL**  
**Zip**  
**34771**

**City & State**  
**St. Cloud FL**  
**Zip**  
**34771**

**4. FEI Number**  
**74-3006113**

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FOUST, KATHLEEN M**  
**17 S. ORLANDO AVE**  
**KISSIMMEE FL 34741**

**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 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.** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <b>ARCHER, TAYLOR M JR</b> <b>2417 JENSCOT ROAD</b> <b>ST CLOUD FL 34771</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> <b>ARCHER, TAYLOR M SR</b> <b>2417 JENSCOT ROAD</b> <b>ST CLOUD FL 34771</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>ARCHER, ANNETTE W</b> <b>2417 JENSCOT ROAD</b> <b>ST CLOUD FL 34771</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Taylor M Archer Jr **DATE:** 2/1/02 **Daytime Phone #** \_\_\_\_\_

CR2E034 (9/01)