2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Fab 10, 2002 8:00 am				
DOCUMENT # P01000060712							Feb 10, 2002 8:00 am Secretary of State				
•		TY INVESTORS, INC	C .					•	007 ***150.		
Principal Plac 2727 N HIGH INDIALANTIC	WAY A1A PEN		Mailing Address 2727 N HIGHWAY A1A PENTHOUSE 601 INDIALANTIC FL 32903					·	1511 SHA 8841 (2011		
2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	e		City & State				FEI Number 59-3728	473	<u> </u>	oplied For ot Applicable	
Zip		Country	Zip	Count	try		Certificate of Status D		\$8.75 Add	ditional	
	6. Name	and Address of Current R	egistered Agent			7.	Name and Address o	f New Registe	red Agent		
ANDERSON, J. PATRICK Street A						•	loward N. Hebert				
	•	BLVD SUITE 505	Street Addres			ess (P.O. 6 7 <u>/</u>	Box Number is Not Ac	ceptable)	PH60) <u> </u>	
MELBOURNE FL 32901								,			
					City Ind	iala	ntic,		Zip Cod	903	
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office or regi	istered ag	gent, or both, in the St	ate of Florida.	,		
SIGNATURE .	Signature, typed	word h Heliew or printed name of registered agent an	<u> </u>		ebert Agent signature rec		esident.		TÉ.	<u> </u>	
Tax filing r	•	ble to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Camp Trust Fund Co		_ ++	0 May Be I to Fees	
11.		OFFICERS AND D	IRECTORS	12.		AC	DITIONS/CHANGES	TO OFFICERS	AND DIRECTOR:	S IN 11	
TITLE. NAME STREET ADDRESS CITY-ST-ZIP	2727 N H	HOWARD N IGHWAY A1A PENTHOU TIC FL 32903			J				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3130 TUR	, granville Tlemound Road Ine Fl 32934	🔀 Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate						☐ Change	Modition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	i		-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		í				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		(☐ Change	☐ Addition	
indicated of the cor	on this repor poration or th	information supplied with to supplemental report is to ereceiver or trustee empowichment with an address, with an address.	rue and accurate and that r vered to execute this report	ny signati as requir	ure shall have t	the same	legal effect as if made	under oath; the	at I am an officer ars in Block 11 or	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: