

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P 01000067346*

1. Entity Name

TIDY ESTATES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
615 9th Street West

3. Mailing Address  
615 9th Street West

Suite, Apt. #, etc.  
Bradenton, FL 34205

Suite, Apt. #, etc.  
Bradenton, FL 34205

City & State

City & State

4. FEI Number  
73-1633715

Applied For  
Not Applicable

Zip Country

Zip Country

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Ernest S. Marshall

Street Address (P.O. Box Number is Not Acceptable)  
615 9th St. West

Bradenton, FL 34205

City Bradenton, FL Zip Code 34205

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Marshall, Ernest S. 3707 Bamboo Terrace Bradenton, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Marshall, Patricia K. 3707 Bamboo Terrace Bradenton, FL 34210
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ernest S. Marshall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/16/04 9474219*

**FILED**

**Apr 27, 2004 8:00 am  
Secretary of State**

03-29-2004 90074 043 \*\*\*100.00

04-27-2004 90051 034 \*\*\*\*50.00

**24056267**

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CR2E034B (12/02)