## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 14, 2002 8:00 am P01000108836 DOCUMENT # **Secretary of State** 1. Entity Name 02-14-2002 90019 018 \*\*\*150.00 TINT & TUNES, INC. Principal Place of Business Mailing Address 951 SW 4TH AVE. 951 SW 4TH AVE. **BOCA RATON FL 33432-5803 BOCA RATON FL 33432-5803** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 82 Not Applicable Zip Country Country Zip \$8.75 Additional D 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAKESBERG, JON D Street Address (P.O. Box Number is Not Acceptable) 951 SW 4TH AVE. **BOCA RATON FL 33432-5803** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Pax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ROBERT L. FEELEY NAME NAME 250 S. DIXIE HEY STREET ADDRESS STREET ADDRESS BOCA RATON. FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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13. Thereby 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

SIGNATURE:

changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

idress, with all of

Date

FILED

Daytime Phone #