


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

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90192 026 ***150.00

DOCUMENT # PO2000005605
1. Entity Name Tunstall Inc ✓ 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3300 N Pace Blvd
Suite, Apt. #, etc. #20
City & State Pensacola, FL
Zip 32505 Country OKalosa

3. Mailing Address 3300 N Pace Blvd
Suite, Apt. #, etc. #20
City & State Pensacola, FL
Zip 32505 Country OKalosa

DO NOT WRITE IN THIS SPACE

4. FEI Number NONE Applied For Not Applicable

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 Kum Suk Tunstall
Street Address (P.O. Box Number is Not Acceptable) 3064 Marcus Pointe
Pensacola
City Pensacola FL Zip Code 32505

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 Kum Suk Tunstall 5/19/03
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 \$550.00
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	<u>John Schleidt Secretary / Treasurer</u> <u>140 Alabama Ave</u> <u>FWB, FL 32548</u> <u>Vice President</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Kum Suk Tunstall President,</u> <u>3064 Marcus Pointe</u> <u>Pensacola, FL 32505</u> <u>Treasurer</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: John Schleidt John Schleidt 5/1/03 850-217-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)