05-06-2002 90067 041 ***150.00
P02000006651

FILED
02 MAY -9 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000006651 ✓

1. Entity Name
TNT ENTERPRISES OF DESTIN, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
155 Crystal Beach Drive	155 Crystal Beach Drive
Suite, Apt. #, etc.: 215	Suite, Apt. #, etc.: 215
City & State: Destin, FL	City & State: Destin, FL
Zip: 32541 Country:	Zip: 32541 Country:

4. FEI Number: 69-0003849 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: TOM ARETZ
Street Address (P.O. Box Number is Not Acceptable): 155 Crystal Beach Drive Ste 215
City: Destin FL Zip Code: 32541

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]
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	THOMAS ARETZ	NAME	
STREET ADDRESS	155 CRYSTAL BEACH DRIVE, STE 215	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/24/02 850-650-1554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #