

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90300 047 ***150.00

DOCUMENT # P02000091013

1. Entity Name
TUSK ENTERPRISES, INC.



Principal Place of Business
**7500 ESTERO BOULEVARD, #305
FORT MYERS BEACH FL 33931**

Mailing Address
**POST OFFICE BOX 729
BONITA SPRINGS FL 34133**



2. Principal Place of Business

3. Mailing Address

9010 Palmas Grandes Blvd.

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Zip

34135

Country

USA

Zip

Country

4. FEI Number

75-3072028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNAN, TYLAN

**7500 ESTERO BOULEVARD, #305
FORT MYERS BEACH FL 33931**

Name

Hannan, Tylan

Street Address (P.O. Box Number is Not Acceptable)

9010 Palmas Grandes Blvd., #102

City

Bonita Springs

FL

Zip Code

34135

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]

Tylan Hannan

President

4/20/03

(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

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **HANNAN, TYLAN**
STREET ADDRESS **7500 ESTERO BOULEVARD, #305**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931** - old address

TITLE **President** ☒ Change ☐ Addition
NAME **Tylan Hannan**
STREET ADDRESS **9010 Palmas Grandes Blvd., #102**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Hannan - P**

Date

4/20/03

Daytime Phone #

239-949-6343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)