FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90215 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90104263

DOCUMENT # P02000105470

1. Entity Name
TYCO CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
1020 NW 13TH ST. GAINESVILLE, FL 32601	1020 NW 13TH ST. GAINESVILLE, FL 32601

2. Principal Place of Business	3. Mailing Address
110 Wisteria Drive	500 Canal Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, Florida	City & State: New Smyrna Bch, FL
Zip: 32779 Country: US	Zip: 32168 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 55-0802704 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COBLE, RICHARD J
1020 NW 13TH ST.
GAINESVILLE, FL 32601

7. Name and Address of New Registered Agent

Name: same
Street Address (P.O. Box Number Is Not Acceptable): 110 Wisteria Drive
City: Longwood FL Zip Code: 32779

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

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	TITLE		☒ Change ☐ Addition
NAME	COBLE, RICHARD J		NAME		
STREET ADDRESS	P.O. BOX 13395		STREET ADDRESS	110 Wisteria Drive	
CITY-ST-ZIP	GAINESVILLE, FL 32604		CITY-ST-ZIP	Longwood, FL 32779	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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] 4-22-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Richard J. Coble