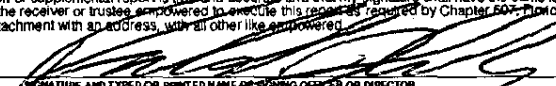


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90215 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000105470		
1. Entity Name TYCO CONSTRUCTORS, INC.		
Principal Place of Business 1020 NW 13TH ST. GAINESVILLE, FL 32601		Mailing Address 1020 NW 13TH ST. GAINESVILLE, FL 32601
2. Principal Place of Business 110 Wisteria Drive		3. Mailing Address 500 Canal Street
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Longwood, Florida		City & State New Smyrna Bch, FL
Zip 32779		Zip 32168
Country US		Country US
4. Fee 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 date if applicable. (NOTE: Registered Agent Signature required when submitting) 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		
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:  4-22-03 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #		

Richard J. Coble

90104263



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (1/01/02)