2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90296 018 ***150.00

DOCUMENT # P02000118632

1. Entity Name
TYNDALL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
13920 S. W. 121ST AVENUE ARCHER FL 32618	13920 S. W. 121ST AVENUE ARCHER FL 32618

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O. Box 141	P.O. Box 141
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Archer, Fl	City & State: Archer, Fl
Zip: 32618 Country: USA	Zip: 32618 Country: USA

4. FEI Number: 27-0035627 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TYNDALL, BRANDIE 13920 S. W. 121ST AVENUE ARCHER FL FL	Name: Brandi E. Tyndall Street Address (P.O. Box Number is Not Acceptable): 13920 SW 121st Ave City: Archer FL Zip Code: 32618

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: Brandi E Tyndall — Brandi E. Tyndall — 1/22/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Brandi E. Tyndall 13920 S.W. 121ST Ave Archer, Fl 32618	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Brandi E Tyndall — Brandi E. Tyndall — President — 1/22/03 — (352) 495-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #