2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

200	2 UNI	FORM BUSI	l)	FILED									
DOCUMENT # P9300009146							Jan 22, 2002 8:00 am Secretary of State						
TINDALL		NG, INC.						01-22-2					į
	ce of Busines LEY PLACE CF 32703		Mailing Address 3852 BRANTLEY PLACE CR APOPKA FL 32703 US									. Bara s an 1981.	
2. Principal I	Place of Busin	ness	3. Mailing Address						 	I OSNIK ODAŽ	i 1818 (1181)	eville evil 1991	•
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Sta	te		City & State			4.	FEI Number	59-3164	444			pplied For ot Applicable	7
Zip Country		Country	Zip Coun		try					3.75 Ad e Require	ditional		
6. Name and Address of Current Registered Agent						7.	Name and A	ddress of No	w Regist	ered Age	ent		j
TINDALL, CLAYTON M 3852 BRANDLEY PLACE CR					Name Street Ad	me eet Address (P.O. Box Number is Not Acceptable)							
APOPKA													1
:					City FL Zip C						Zip Cod	de	_
8. The above	e named entit	submits this statement for t	he purpose of changing its	register	ed office or r	egistered a	gent, or both	, in the State of	of Florida.				
SIGNATURE							•						
9 This corn		or printed name of registered agent and ble to satisfy its Intangible	futle if applicable. (NOTE		d Agent signature					DATE			-
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$55 Make Check Payable to Department			0.00		tion Campaig t Fund Contrik		g 🗆		00 May Be d to Fees	
11.		OFFICERS AND DI	RECTORS	12.		А	DDITIONS/C	HANGES TO	OFFICERS	AND DI	RECTOR	S IN 11	1
TITLE NAME STREET ADDRESS	OOOE DIPARTEE I BACE OIL		cin		1] Change	Addition	34 (9/01)
CITY-ST-ZIP					ST-ZIP								CR2E03
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	☐ Addition	5
TITLE NAME STREET ADDRESS			☐ Delete	TITLE					·] Change	☐ Addition	
CITY-ST-ZIP					ST-ZIP								
TITLE NAME STREET ADDRESS			☐ Delete		ET ADDRESS] Change	Addition	
CITY-ST-ZIP TITLE			☐ Delete	CITY-	ST-ZIP] Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				1	ET ADDRESS ST-ZIP								
TITLE NAME STREET ADDRESS			☐ Delete		T ADDRESS] Change	☐ Addition	
indicated of the cor	on this report poration or th	information supplied with th or supplemental report is true e receiver or trustee empowe chment with an address, with	ue and accurate and that me ered to execute this report a	the exer	ure shall hav	e the same	legal effect a	as if made und	der oath: th	nat I am a	an officer	or director	

ECLAYTON M. TINDAIL 1-9-02 4072963100