

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90030 038 ***150.00

DOCUMENT # P93000040182

1. Entity Name
 TYL-OTT, INC.

Principal Place of Business

2623 GRAND BLVD
 UNIT #107
 HOLIDAY FL 34690
 US

Mailing Address

6966 OLDGATE CIR
 NEW PORT RICHEY FL 34655

2. Principal Place of Business

2645 SUCCESS DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

Zip

33556

Country

FLA

Country

4. FEI Number

59-3187557

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

JOHNSTON, FRED

6966 OLDGATE CIR

NEW PORT RICHEY FL 34655

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **JOHNSTON, FRED**
 STREET ADDRESS **6966 OLDGATE CIR**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **DS** ☐ Delete
 NAME **JOHNSTON, SANDRA**
 STREET ADDRESS **6966 OLDGATE CIR**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **DPT** ☒ Delete
 NAME **JOHNSTON, FRED**
 STREET ADDRESS **6966 OLDGATE CIRCLE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **V** ☐ Delete
 NAME **JOHNSTON, ERIC P**
 STREET ADDRESS **2623 GRAND BLVD UNIT 107**
 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **DVT** ☒ Change ☐ Addition
 NAME **JOHNSTON, ERIC P.**
 STREET ADDRESS **2645 SUCCESS DR.**
 CITY-ST-ZIP **ODESSA, FL 33556**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)