

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 15, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000052362**

1. Entity Name  
**TIDY ISLAND-LONDON, INC.**

Principal Place of Business 7901 4TH STREET N, #320  ST PETERSBURG 33702	FL	Mailing Address 696 1ST AVENUE N., SUITE 201  ST PETERSBURG 33701	FL
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2. Principal Place of Business 7901 4TH STREET NORTH  Suite, Apt. #, etc. SUITE 320  City & State ST PETERSBURG FL	3. Mailing Address 696 1ST AVENUE NORTH  Suite, Apt. #, etc. SUITE 201  City & State ST PETERSBURG FL		
Zip 33702	Country US	Zip 33701	Country US

4. FEI Number  
**59-3200191**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILKINSON BARRY G**  
 696 1ST AVE. N.  
 #201  
 ST. PETERSBURG FL  
 33701 US

7. Name and Address of New Registered Agent

Name  
**WILKINSON G. BARRY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**696 1ST AVE. NORTH**  
 SUITE 201  
 City  
**ST. PETERSBURG FL** Zip Code  
**33701**

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 **G. BARRY WILKINSON**

**01/15/2001**

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, 2001 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			
TITLE	P		<input type="checkbox"/> Delete
NAME	PRUSE FRANK S		<input type="checkbox"/>
STREET ADDRESS	2805 TIMBERWAY PLACE		
CITY-ST-ZIP	BRANDON FL 33511		
TITLE	D/VP		<input type="checkbox"/>
NAME	RUSCHE THOMAS J		<input type="checkbox"/>
STREET ADDRESS	1101 37TH AVENUE NE		
CITY-ST-ZIP	ST. PETERSBURG FL		
TITLE	D		<input type="checkbox"/>
NAME	CLAMPITT RONALD E.		<input type="checkbox"/>
STREET ADDRESS	7901 4TH ST #320		
CITY-ST-ZIP	ST. PETERSBURG FL 33702		
TITLE	DST		<input type="checkbox"/>
NAME	TOMLINSON W. DEAN		<input type="checkbox"/>
STREET ADDRESS	7901 4TH ST N #320		
CITY-ST-ZIP	ST PETERSBURG FL		
TITLE			<input type="checkbox"/>
NAME			<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/>
NAME			<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUSE FRANK S		<input checked="" type="checkbox"/>
STREET ADDRESS	2805 TIMBERWAY PLACE		
CITY-ST-ZIP	BRANDON FL 33511		
TITLE	D/VP		<input checked="" type="checkbox"/>
NAME	RUSCHE THOMAS J		<input type="checkbox"/>
STREET ADDRESS	1101 37TH AVENUE NE		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		
TITLE	D		<input checked="" type="checkbox"/>
NAME	CLAMPITT RONALD E		<input type="checkbox"/>
STREET ADDRESS	7901 4TH ST #320		
CITY-ST-ZIP	ST. PETERSBURG FL 33702		
TITLE	DST		<input checked="" type="checkbox"/>
NAME	TOMLINSON W. DEAN		<input type="checkbox"/>
STREET ADDRESS	7901 4TH ST N #320		
CITY-ST-ZIP	ST PETERSBURG FL 33702		
TITLE			<input type="checkbox"/>
NAME			<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/>
NAME			<input type="checkbox"/>
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: **RONALD E. CLAMPITT**

**D** **01/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)