

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	US
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2. Principal Place of Business 7901 4TH STREET NORTH	3. Mailing Address 696 1ST AVENUE NORTH
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Suite, Apt. #, etc. SUITE 320	Suite, Apt. #, etc. SUITE 201
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City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
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Zip 33702	Country US	Zip 33701	Country US
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4. FEI Number 59-3200191	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWILKINSON 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE P	PRUSE FRANK S	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	2805 TIMBERWAY PLACE	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE P	PRUSE FRANK S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2805 TIMBERWAY PLACE	
CITY-ST-ZIP	BRANDON FL 33511	

TITLE D/VP	RUSCHE THOMAS J	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	1101 37TH AVENUE NE	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE D/VP	RUSCHE THOMAS J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1101 37TH AVENUE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	

TITLE D	CLAMPITT RONALD E.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	7901 4TH ST #320	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	

TITLE D	CLAMPITT RONALD E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7901 4TH ST #320	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	

TITLE DST	TOMLINSON W. DEAN	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	7901 4TH ST N #320	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE DST	TOMLINSON W. DEAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7901 4TH ST N #320	
CITY-ST-ZIP	ST PETERSBURG FL 33702	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **RONALD E. CLAMPITT**

D

01/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)