2000 UNIFORM BUSINESS REPORT (UBR)

04-10-2001 90016 012 ***750.00
P93000067235

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 11:59

DOCUMENT # P93000067235

1. Entity Name
TY CORP.

Principal Place of Business	Mailing Address
16604 U.S. HWY. 19 NORTH CLEARWATER FL 34624	16604 U.S. HWY. 19 NORTH CLEARWATER FL 34624

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PINELLAS PARK FL
Zip / Country	Zip: 33782 / Country

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 00-01

4. FEI Number 59-3207271 — 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
RICE, EDWARD L 16604 U.S. HWY. 19 NORTH CLEARWATER FL 34624	Name: David C. Levenreich Street Address (P.O. Box Number is Not Acceptable): 406 South Prospect Avenue Clearwater, FL 33756 City: Clearwater FL Zip Code 33756

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: David C. Levenreich — Signature of a member of registered agent (and/or) if applicable (NOTE: A signature required when reinstating) — DATE: April 26, 2001

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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: D NAME: RICE, EDWARD L STREET ADDRESS: 16604 U.S. HWY. 19 NORTH CITY-ST-ZIP: CLEARWATER FL 34624 ☐ Delete	TITLE: PS NAME: RICE, EDWARD L. STREET ADDRESS: 6200 90TH AVE N CITY-ST-ZIP: PINELLAS PARK FL 33782 ☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: VT NAME: RICE, SHELBY J. STREET ADDRESS: 6200 90TH AVE N CITY-ST-ZIP: PINELLAS PARK FL 33782 ☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: 600004194566--2 STREET ADDRESS: -05/10/01--01131--012 CITY-ST-ZIP: ****450.00 ****150.00 ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: D NAME: RICE, SHELBY J. STREET ADDRESS: 6200 90TH AVE N CITY-ST-ZIP: PINELLAS PARK FL 33782 ☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition B 4/30
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition

CR2E034 (5/00)

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: ELECTRONICALLY FILED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/26/01 — Daytime Phone #: 727 536 3313