

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
 05-13-2000 90047 007 ***150.00

DOCUMENT # P93000082220

1. Entity Name

TYNE HOLDINGS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1301 RIVER REACH DR.

Suite, Apt. #, etc.
 #509

3. Mailing Address

1301 RIVER REACH DRIVE

Suite, Apt. #, etc.
 #509

City & State
 FORT LAUDERDALE, FL

Zip
 33315

Country

City & State
 FORT LAUDERDALE, FL

Zip
 33315

Country

4. FEI Number
 65-0458300

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

00049242

6. Name and Address of Current Registered Agent

ROBERT E. MURDOCH
 790 EAST BROWARD BLVD., #400
 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

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, 2000 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 DIRECTOR ☐ Delete
 NAME IAN PATON
 STREET ADDRESS 1301 RIVER REACH DRIVE, #509
 CITY-ST-ZIP FORT LAUDERDALE, FL 33315

☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
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☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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 #

4/28/00

CR2E034 (9/99)