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May 27, 2002 8:00 am
Secretary of State
05-27-2002 90324 039 ***150.00

2002
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

669813

DOCUMENT # P 93000082220

1. Entity Name
TYNE HOLDINGS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
660 Tennis Club Dr.	660 Tennis Club Dr
Suite, Apt. #, etc. #207	Suite, Apt. #, etc. #207
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33311 Country USA	Zip 33311 Country USA

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
Name ROBERT E MURDOCH
Street Address (P.O. Box Number is Not Acceptable) 790 E BROWARD BLVD
STE 400
City FT. LAUDERDALE FL Zip Code 33301

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	IAN PATON
STREET ADDRESS	660 TENNIS CLUB DR., #207
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: IAN PATON 4/30/02 954-525-6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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