

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020649

1. Entity Name  
T.N.T. X II, INC.

Principal Place of Business  
433 SW 9TH STREET  
CAPE CORAL FL 33991  
US

Mailing Address  
433 SW 9TH STREET  
CAPE CORAL FL 33991  
US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State

4. FEI Number **65-0472185**      Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CARY, DAVID W  
1325-C DEL PRADO BLVD  
CAPE CORAL FL 33990

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D TIPTON-BEATY, DAWN M. 433 SW 9TH STREET CAPE CORAL FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEATTY, MATTHEW D 433 SW 9TH STREET CAPE CORAL FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MCKENZIE, JAMES K 1330 S CLEVELAND AVE # 606 FORT MYERS FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CORNELL, STEVEN L 4877 EAST RIVERSIDE DRIVE FT. MYERS, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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/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: *Dawn Tipton-Beatty* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90103 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

4-19-01 941-772-1155  
Date Daytime Phone #