

2003

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020649

1. Entity Name

T.N.T. X III, Inc

Principal Place of Business

433 SW 9th Street 433 SW 9th Street  
CAPE CORAL FL CAPE CORAL FL  
USA 33991 USA 33991

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

650472185

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.  
1325C Del Prado Blvd S  
Cape Coral FL 33990

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State10. 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/P  Delete  
NAME: TIPTON-BEATTY, DAWN M.  
STREET ADDRESS: 433 SW 9th STREET  
CITY-ST-ZIP: CAPE CORAL FL 33991TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  AdditionTITLE: B  Delete  
NAME: BEATTY, MATTHEW D.  
STREET ADDRESS: 433 SW 9th STREET  
CITY-ST-ZIP: CAPE CORAL FL 33991TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  AdditionTITLE: AVP  Delete  
NAME: CORNELL, STEVEN L.  
STREET ADDRESS: 4877 EAST RIVERSIDE DR.  
CITY-ST-ZIP: FT. MYERS, FL 33903TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
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NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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: Dawn Tipton-Beatty

DAWN

4-8-03 239-772-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #