2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am Secretary of State DOCUMENT # P94000030497 1. Entity Name 02-18-2002 90150 020 ***150.00 TYRONE HOLDINGS, INC. Mailing Address Principal Place of Business GREGORY, SHARER & STUART **GREGORY. SHARER & STUART** 100 - 2ND AVE S #606 100 - 2ND AVE S #606 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3242459 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STUART, CHARLES Street Address (P.O. Box Number is Not Acceptable) 100 - 2ND AVE S #606 Zip Code ST PETERDBURG FL 33701 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE NAME PEYTON, RODNEY J NAME 14 BALLY NORTHLAND PARK STREET ADDRESS **STREET ADDRESS** CITY-ST-ZIP CITY-ST-ZIP **DUNGANNON BT 716DY N** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME PEYTON, M LYNNE STREET ADDRESS STREET ADDRESS 14 BALLY NOERTHLAND PARK CITY-ST-ZIP CITY-ST-ZIP **DUNGANNON BT 716DY N** TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change . Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

EQUILIZYNNE PEYRON VICE Mandent 1.28:02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

CITY-ST-ZIP

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.

FILED