

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072762

1. Entity Name

TNT ONLINE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90092 046 ***150.00

Principal Place of Business

Mailing Address

1524 JACKSON STREET
 FT MYERS FL 33901

1524 JACKSON STREET
 FT MYERS FL 33907-1280

2. Principal Place of Business

3. Mailing Address

4531 DeLeon St.

4531 DeLeon St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207

207

City & State

City & State

Font Myers

Font Myers

Zip

Country

Zip

Country

33907

Lee

33907

Lee

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHENKO, WILLIAM E. JR.
 2801-C ESTERO BLVD.
 FT. MYERS BEACH FL 33931

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME WIGGINTON, JAY E
 STREET ADDRESS 1524 JACKSON ST.
 CITY-ST-ZIP FT MYERS FL 33901

TITLE D ☒ Change ☐ Addition
 NAME Wigginton, Jay E
 STREET ADDRESS 4531 DeLeon St #207
 CITY-ST-ZIP Ft. Myers, FL 33907

TITLE D ☐ Delete
 NAME SQUIRES, KIM A
 STREET ADDRESS 1524 JACKSON ST.
 CITY-ST-ZIP FT MYERS FL 33901

TITLE D ☒ Change ☐ Addition
 NAME SQUIRES, Kim A.
 STREET ADDRESS 4531 DeLeon St. #207
 CITY-ST-ZIP Ft. Myers, FL 33907

TITLE VP ☒ Delete
 NAME BERG, SHERWYN
 STREET ADDRESS 1524 JACKSON ST
 CITY-ST-ZIP FT MYERS FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

Kim A Squires
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

941-939-7007

Daytime Phone #

CR2E034 (9/99)