## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P9500013875 TU, INC. 03-02-2001 90024 041 \*\*\*150.00 Principal Place of Business Mailing Address 56 COUNTRY CLUB RD. 56 COUNTRY CLUB RD. COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0578018 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UTSMAN, THOMAS E Street Address (P.Q. Box Number is Not Acceptable) 56 COUNTRY CLUB RD. COCOA BEACH FL 32931 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. 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, 2001 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Addition ☐ Change TITLE Delete UTSMAN, THOMAS E NAME NAME STREET ADDRESS 56 COUNTRY CLUB RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP COCOA BEACH FL 32931 TITLE Change Addition ☐ Delete TITLE UTSMAN, JUDITH T NAME NAME STREET ADDRESS STREET ADDRESS 56 COUNTRY CLUB RD. CITY-ST-7IP CITY-ST-7IP COCOA BEACH FL 32931 Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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** 

THOMAS E. 2/26/01 (321) 788