


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

08-31-2005 90015 003 \*\*\*558.75

DOCUMENT # 996000036361  
1. Entity Name TYGLO SERVICES INC.



**DO NOT WRITE IN THIS SPACE**

**50064317**

2. Principal Place of Business 7739 CAMDEN HARBOUR DRIVE Suite, Apt. #, etc. \_\_\_\_\_  
3. Mailing Address Same Suite, Apt. #, etc. \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

City & State BRADENTON, FLORIDA City & State Same  
Zip 34212 Country U.S.A. Zip 11 Country U.S.A.

4. FEI Number 05-0691905 Applied For  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name GLORIA M. MORRISON  
Street Address (P.O. Box Number is Not Acceptable) 7739 CAMDEN HARBOUR DRIVE  
City BRADENTON FL Zip Code 34212

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	<u>P/S/T/D</u>	TITLE	
NAME	<u>GLORIA M. MORRISON</u>	NAME	
STREET ADDRESS	<u>7739 CAMDEN HARBOUR DRIVE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>BRADENTON, FL 34212</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria M. Morrison Date 8/12/05 Daytime Phone # 941-749-6498

CR2E034B (12/02)