2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600068237 1. Entity Name TINDALL LATH, INC.					May 15, 2000 8:00 am Secretary of State 03-28-2000 90045 013 ***150.00				
Principal Place	of Business	Mailing Address		-					
2226 MW 6TH ST OKEECHOBEE FL 34972 US		2226 NW 6TH ST OKEECHOBEE FL 34972-2311 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPAC	É		
City & State		City & State		4. F	4. FEI Number 59-3395508 Applied For Not Applicable				
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired	□ \$8.	75 Addition		
	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Re				
2226	ILL, LORY A NW 6TH ST CHOBEE FL 34974		·222		el Lamar ox Number is Not Acceptable) Dweth st Notes	FL	Zip Code 349	72	
SIGNATURE _	named entity submits this statement for statement for statement for signature, typed or printed name of registered agent reation is eligible to satisfy its Intangible equirement and elects to do so is on back)	e FILE NOW	E: Registered Agent signature in III FEE IS \$150.00 Do Fee will be \$550 ble to Department of	on nedw beniupa		DATE	\$5.00 Added t	May Be to Fees	
11.	OFFICERS AND		12.		L DDITIONS/CHANGES TO OFF	CERS AND DIF	RECTORS	IN 11	
TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET AODRESS	P TINDALL, LORY A 2226 NW 6TH ST OKEECHOBEE FL V TINDALL, DANIEL L 2226 NW 6TH ST	Delete N □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DAN	tel Lamar Tin Le poolethes. Echobee FL. 346	11Abil '	Change Change	CH2E034 (999)	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	OKEECHOBEË FL S TINDALL, DWIGHT L 806 NW 8TH ST	☐ Delete	CITY-SI-ZIP TITLE NAME STREET ADDRESS			C	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OKEECHOBEE FL 34972 T COLLINS, VERNON L 3079 NW 74TH TERR OKEECHOBEE FL 34972	□ Delete	CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONLEG TOBLE TE STOTE	□ Delete	TITE NAME STREET ADDRESS CITY-SI-ZIP			C] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			C] Change	Addition	
indicated of the co	certify that the information supplied will don this report or supplemental report proration or the receiver or trustee em, or on an attachment with an address	t is true and accurate and that powered to execute this repos, with all other like empowers	t my signature shall hav it as required by Chap	a tha cama	Maddi effect as it made i indet	oatn; that I am e appears in B	AU ULICAL	or oirector 1	