## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # P96000076861 May 31, 2000 8:00 am Secretary of State TY-GWYN INVESTMENTS INC. 05-31-2000 90094 002 \*\*\*150.00 Principal Place of Business Mailing Address 3935 TORREY PINES BLVD 3935 TORREY PINES BLVD SARASOTA FL 34238-2834 SARASOTA FL 34238 Principal Place of Business RINGLING BLYD INGLING DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0696289 RASOTA asota Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOVID-WATHINS WATKINS, DAVID 3935 TORREY PINES BLVD SARASOTA FL 34238 SARASOTA 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. 12. ■ Addition ☐ Delete TITLE TITLE WATKINS, DAVID WATKINS, DAVID NAME NAME 3935 TORREY PINES BLUD 3935 TERREY PINES BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34238 SARASOTA, FL 34238 **X** Addition ☐ Change ☐ Delete TITLE CHRISTINE WATKING NAME NAME 3935 TORKEY PINE BLUD STREET ADDRESS STREET ADDRESS SARASITA FL 54738 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME . 😜 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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-7IP 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.

URE AND TYBER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR