

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90092 026 ***150.00

DOCUMENT # P96000091048

1. Entity Name

T. I. INVESTMENTS, INC. OF SARASOTA



Principal Place of Business
7 LAMBTON ROAD
WORSLEY MANCHESTER
M282SU UNITED NATIONS

Mailing Address
P.O. BOX 1177
HOLMES BEACH FL 34218

2. Principal Place of Business

5185 FAR OAK CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA FL

City & State

4. FEI Number **65-0752971**

Applied For

Not Applicable

Zip

34238

Country

SARASOTA

Zip

Country

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

6. Name and Address of Current Registered Agent

COOPER, BEN
3909 E. BAY DRIVE
SUITE 110
HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 ☐ Delete
NAME **P JOHNSON, MICHAEL T**
STREET ADDRESS **403 107TH COURT W**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
NAME **AS COOPER, BEN A**
STREET ADDRESS **3909 E. BAY DRIVE, SUITE 110**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5185 FAR OAK CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

94-778-6118

Daytime Phone #

CR2E034 (10/02)