

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90091 035 ***150.00

DOCUMENT # P97000019577

1. Entity Name
JENNIFER TYLER, INC.

Principal Place of Business

1160 KANE CONCOURSE
 SUITE 305
 BAY HARBOUR ISLAND FL 33154

Mailing Address

1160 KANE CONCOURSE
 SUITE 305
 BAY HARBOUR ISLAND FL 33154

2. Principal Place of Business

2140 NE 123RD ST
 Suite, Apt. #, etc.

3. Mailing Address

2140 NE 123RD ST
 Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI FL

Zip

33181

Country

USA

Zip

33181

Country

USA

4. FEI Number

65-0818614

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TYLER, JENNIFER M
12000 N. BAYSHORE DR., #212
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name
CLAIRE E TYLER
 Street Address (P.O. Box Number is Not Acceptable)
12000 N BAYSHORE DR #212
 City **N MIAMI** FL Zip Code **33181**

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.

SIGNATURE

Claire E Tyler **CLAIRE E. TYLER** **2/9/2002**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TYLER, JENNIFER M	
STREET ADDRESS	1160 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOUR ISLAND FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL PRATTE	
STREET ADDRESS	2140 NE 123RD ST	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	VP/S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRE E TYLER	
STREET ADDRESS	12000 N BAYSHORE DR #212	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Claire E Tyler **CLAIRE E TYLER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2002 **305-899-2573**
 Date Daytime Phone #

CR2E034 (9/01)