Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

## FIPPARTUENED FEE AFTER MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT# P9700086692

TBDR, INC.

2. Principal Place of Business

Country

25

DUPUIE, TIMOTHY, B

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address Principal Place of Business 1816 FLAGLER AVE 1901 S. ROOSEVELT BOULEVARD **UNIT 410W** KEY WEST FL 33040

KEY WEST FL 33040

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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9. Name and Address of Current Registered Agent

# **FILED** Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90027 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

82 Street Address (P.O. Box Number is Not Acceptable)

10/07/1997

65-0795264

1901 S. ROOSEVELT BOULEVARD		82	82 Street Address (P.O. Box Number is Not Acceptable)				
UNIT	「410 W		83				学議場
KET	WEST FL:33040		84	City	= <u>4.                                    </u>	FL 85 Zip C	Code
office or re	to the provisions of Sections 607.0502 and 607. egistered agent, or both, in the State of Florida. In familiar with, and accept the obligations of, Se	Such change was aut	thorized by th	named co ne corpora	rporation submits this statement for tion's board of directors. I hereby a	the purpose of changing its accept the appointment as re-	registered gistered
SIGNATURE	Signature, typed or pfinted name of registered agent and title if ap	nlicable (NOTE: I	Registered Agent:	signature regu	red when reinstating)	DATE	
12.	OFFICERS AND DIRECT	<u> </u>	13.	,		OFFICERS AND DIRECTO	RS IN 12
TITLE	P Communication	☐ DELETE	1.1 TITLE		201 2124	☐ Change	Addition
NAME	DUPUIE, TIMOTHY B		1.2 NAME				
STREET ADDRESS	1901 S ROOSEVELT BLVD, 410W		1.3 STREET A	DDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-	ZIP		·	
TITLE	1121 77201 7 2 00010	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME I			2.2 NAME				
STREET ADDRESS	• •		2.3 STREET A	DORESS			
CITY-ST-ZIP	Apple and		2. 4 CITY-ST-	.zip			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	Since the state of		3.3 STREET A	DORESS	74 A11	th gates employed to an open miles	72 page 4.5
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-ST-	ZiP -		· 性性性性性 [1]	
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STREET ADORESS	Age of the second		4.3 STREET A	ADDRESS			٠ [
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition (
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STREET ADDRESS			5.3 STREET A	ODORESS	• •	<b>'</b> .	
CITY-ST-ZIP			5.4 CITY-ST-	ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE	State of the State	DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	\$7\$ 1 - 2881 ·		6.3 STREET A	ODRESS			
CITY-ST-ZIP			6.4 CITY-ST-	ZIP			
14. I hereby c	certify that the information supplied with this filing	does not qualify for	the exemptio	n stated in	Section 119.07(3)(i), Florida Statu	tes. I further certify that the it	nformation

Country

30

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 12 or Block 13 if chapter 60 on an attachment with an address, with all other like empowered.

SIGNATURE: