

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108655

1. Entity Name  
TLI, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90073 013 \*\*\*550.00

Principal Place of Business  
6056 WATERWAY BAY DRIVE  
FORT MYERS FL 32962

Mailing Address  
6056 WATERWAY BAY DRIVE  
FORT MYERS FL 32962

2. Principal Place of Business  
6056 WATERWAY BAY DR  
Suite, Apt. #, etc.

3. Mailing Address  
6056 WATERWAY BAY DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
FT. MYERS FL 33908  
Zip 33908 Country USA.

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FT. MYERS FL  
Zip 33908 Country USA.

4. FEI Number 65-0805632  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HAWKES, IAN  
6056 WATERWAY BAY DRIVE  
FORT MYERS FL 32962

7. Name and Address of New Registered Agent  
Name IAN D. HAWKES  
Street Address (P.O. Box Number is Not Acceptable)  
6056 WATERWAY BAY DR  
City FT. MYERS FL Zip Code 33908

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 [Signature] IAN D. HAWKES PRES 9/9/00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	P HAWKES, IAN 6056 WATERWAY BAY DRIVE FORT MYERS FL 32962 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWKES, SYLVIA 6056 WATERWAY BAY DRIVE FORT MYERS FL 32962 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00 941 454-6658  
Date Daytime Phone #

CR2E034 (5/00)