

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90025 025 \*\*\*158.75

**DOCUMENT # P98000008252**

1. Entity Name  
**CABAZON INDUSTRIES, INC.**

Principal Place of Business <sup>110</sup> Mailing Address <sup>110</sup>  
 1900 SOUTH HARBOR CITY BLVD. STE 221 1900 SOUTH HARBOR CITY BLVD. STE 221  
 MELBOURNE FL 32901 MELBOURNE FL 32901-4760

**AU034326**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. **Suite 110**  
 City & State

3. Mailing Address Suite, Apt. #, etc. **Suite 110**  
 City & State

4. FEI Number **59-3497545** Applied For   
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**TYNES, ANTHONY J**  
**1900 S. HARBOR CITY BLVD., STE. 221/110**  
**MELBOURNE FL 32901**

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.

SIGNATURE Anthony J. Tynes April 4, 2000  
Signature, typed or printed name of registered agent and date 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 + \$8.75**  
**After MAY 1, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TYNES, MADELYN</b>	
STREET ADDRESS	<b>2655 SUMMER BROOK ST.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>TYNES, ANTHONY</b>	
STREET ADDRESS	<b>2665 SUMMER BROOK ST.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
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		<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		
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: Anthony J. Tynes April 4, 2000 324-729-6514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)