2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P

P98000042783

1. Entity Name

TYRE & TAYLOR COMMERCIAL REALTY INC.



FILED Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90147 049 ***150.00

TINE &	TATEOR COMMERCIAL REA	ALIY, INC.					
Principal Place of Business 2500 SOUTH BAY STREET EUSTIS FL 32726		Mailing Address 2500 SOUTH BAY STREET EUSTIS FL 32726					
2. Principal Place of Business		3. Mailing Address			1 0001/001 10 0101 0711 081111 08111 08111 08111 08111 08111 08111 08111 081		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING	CHANGES	;
City & State		City & State			4. FEI Number 59-3520177		pplied For
Zip	Country	Zip	Country			\$ 8.75 Ad	lot Applicable Iditional
	6. Name and Address of Current F	Registered Agent	<u></u>	. <u> </u>	7. Name and Address of New Registered A	Fee Require	∌d
		Name		The Manual Address of New Yegistered A	geni	-	
TYRE, WILLIAM G			Street A	Address (P.	O. Box Number is Not Acceptable)		
2500 S BAY STREET EUSTIS FL 32726							
EUSIIS F	L 32/20						
			City		FL	Zip Cod	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office o	r registered	d agent, or both, in the State of Florida. I am fa	amiliar with,	and accept
	· ·						ı
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOT	E: Registered Agent signa	ture required wh	hen reinstating) DATE		
F	ILE 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.		00 May Be d to Fees
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11
TITLE NAME	P TYRE, W G	☐ Defete	TITLE			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2500 SOUTH BAY STREET EUSTIS FL 32726		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	D	□ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	RAE, C S 2500 SOUTH BAY STREET		NAME STREET ADDRESS			L Change	Addition
CITY-ST-ZIP	EUSTIS FL 32726		CITY-ST-ZIP				
TITLE NAME	i ta i i i i i i i i i i i i i i i i i i	Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CHY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE	,		Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		[Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				1
CITY-ST-ZIP	_		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS			NAME		_		
CITY-ST-ZIP	,	• .	STREET ADDRESS CITY-ST-ZIP				
12. I hereby c	ertify that the information supplied with th	is filing does not qualify for		ed in Section	on 119 07/3)/i) Florida Statutos 16 -th		-

12. Thereby 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 chapter 607, Florida Statutes are considered by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03

352 - 357 - 4100 352 493 - 1000