

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011895

1. Entity Name

TYREE CONSTRUCTION CORP.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90105 025 ***158.75

Principal Place of Business Mailing Address
POST OFFICE BOX 2065 POST OFFICE BOX 2065
KEY LARGO FL 33037 KEY LARGO FL 33037-7065

00010120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
878 La Paloma Rd PO Box 2065
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Key Largo FL Key Largo FL
Zip 33037 Country USA Zip 33037 Country USA

4. FEI Number Applied For
65-0891483 Not Applicable

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

6. Name and Address of Current Registered Agent
TYREE, JAMES H
878 LA PALOMA ROAD
KEY LARGO FL 33037

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 James H Tyree James H. TYREE Pres. 1/17/2000
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. ☐ FILE NOW!!! FEE IS \$150.00 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYREE, JAMES H		NAME		
STREET ADDRESS	878 LA PALOMA ROAD		STREET ADDRESS		
CITY - ST - ZIP	KEY LARGO FL 33037		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: James H Tyree 1/17/2000 305-451-4792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)