

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90106 043 ***150.00

0613494

DOCUMENT # P99000014089

1. Entity Name

TINY ENTERPRISES, INC.

Principal Place of Business

**1220 DONGLAS AVE
 SUITE 203
 LONGWOOD FL 32779**

Mailing Address

**1220 DONGLAS AVE
 SUITE 203
 LONGWOOD FL 32779**

2. Principal Place of Business

1220 Douglas Ave

Suite, Apt. #, etc.

Suite 203

City & State

Longwood Florida

Zip

32779

Country

Seminole

3. Mailing Address

1220 Douglas Ave

Suite, Apt. #, etc.

Suite 203

City & State

Longwood, Florida

Zip

32779

Country

Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3558534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KRAUSE, MITCHEL B
 1220 DOUGLAS AVE
 SUITE 203
 LONGWOOD FL 32779**

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

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 \$150.00
 After MAY 1, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**ST
 KRAUSE, MITCHEL
 137 ACADEMY OAKS PL
 ALTAMONTE SPRINGS FL 32714**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**P
 WEBSTER, DAVID
 2121 BLUFF OAK ST
 APOPKA FL 32712**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**David Webster
 1560 Sheldon Moss Cir
 Lake Mary 32746**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

Mitchel Krause mitchel krause

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01 407-862-7110

Date Daytime Phone #

CR2E034 (10/00)