

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90106 018 ***150.00

DOCUMENT # P99000051086

1. Entity Name
TIMING IS EVERYTHING, INC.



Principal Place of Business
**8651 COMMODITY CIR.
ORLANDO FL 32819**

Mailing Address
**8651 COMMODITY CIR.
ORLANDO FL 32819**

40040703



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7200 LAKE ELLENOR DR

3. Mailing Address
7200 LAKE ELLENOR DR

Suite, Apt. #, etc.
146

Suite, Apt. #, etc.
146

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32809

Country
US

Zip
32809

Country
US

4. FEI Number
59-3580047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLEAN, DENISE
8651 COMMODITY CIR.
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name
McLean, Denise
Street Address (P.O. Box Number is Not Acceptable)
7200 LAKE ELLENOR DR A146
City
ORLANDO FL Zip Code
32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Denise McLean

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE 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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCLEAN, DENISE
8651 COMMODITY CIR.
ORLANDO FL 32819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PELTZ, NICOLE
8651 COMMODITY CIR.
ORLANDO FL 32819** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CLINE, KELLY
8651 COMMODITY CR
ORLANDO FL 32819** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelly Cline **1/22/03** **407-888-8191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)