

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000060783**

1. Entity Name  
**TISTAL NADU, INC.**

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90267 043 \*\*\*558.75

Principal Place of Business  
**4048 WEST KENNEDY BLVD.  
TAMPA FL 33609**

Mailing Address  
**4048 WEST KENNEDY BLVD.  
TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4048 W Kennedy Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**4048 W Kennedy Blvd**  
Suite, Apt. #, etc.

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

Zip Country  
**33609 USA**

Zip Country  
**33609 USA**

4. FEI Number  
**59-3632305**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WEISBROD, DAVID T**  
**412 EAST MADISON STREET SUITE 1111**  
**TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name  
**DEBRA J FILSON**

Street Address (P.O. Box Number is Not Acceptable)  
**3211 W SWANN AVE #1106**

City  
**TAMPA FL** Zip Code  
**33609**

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 *Debra J Filson President* **7-10-2000**  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FILSON, DEBRA J 4048 WEST KENNEDY BLVD. TAMPA FL 33609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNATURE REQUIRED President* **7-10-2000** **813-281-1213**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #