

DOCUMENT # P99000063903

1. Entity Name

TYRONE PROPERTY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

04-11-2000 90020 024 ***150.00

Principal Place of Business Mailing Address
 1421 COURT ST. SUITE B 1421 COURT ST. SUITE B
 CLEARWATER FL 33756 CLEARWATER FL 33756-6172

2. Principal Place of Business 3. Mailing Address
 P.O. Box 248 P.O. Box 248
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 2513 Gulf Blvd.
 City & State City & State
 Indian Rocks Beach, Fl. Indian Rocks Beach, Fl.
 Zip Country Zip Country
 33785 Pinellas 33785 Pinellas



DO NOT WRITE IN THIS SPACE

4. FFL Number Applied For
 89-3603742 Not Applicable

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

6. Name and Address of Current Registered Agent
 HERSEM, THOMAS G
 1421 COURT ST, SUITE B
 CLEARWATER FL 33756

7. Name and Address of New Registered Agent
 Name: BERNARD Z. GREENBERG
 Street Address (P.O. Box Number is Not Acceptable)
 2513 N. GULF BLVD
 Indian Rocks Beach, Fl. 33785
 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: BERNARD Z. GREENBERG (NOTE: Registered Agent signature required when relocating)
 Signature, typed or printed name of registered agent and title if applicable. DATE: 4/11/2000

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD GREENBERG, BERNARD Z	P O BOX 248	INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/99)