

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90342 024 ***158.75

0428576

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1. Entity Name

TACHYTELIC TECHNOLOGIES, INC.

Principal Place of Business

**6649 MARINA POINTE VILLAGE COURT
APT 205
TAMPA FL 33635**

Mailing Address

**PO BOX 260368
TAMPA FL 33685**

725684

2. Principal Place of Business

264 MADEIRA CIR

3. Mailing Address

PO Box 1128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tierra Verde, FL

City & State

SAFETY HARBOR, FL

Zip

Country

33715

USA

Zip

Country

34695

USA

4. FEI Number

59-3594758

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATERS, CODY W
501 E KENNEDY BLVD., SUITE 1900
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **JUDD TRAYLING**
Street Address (P.O. Box Number is Not Acceptable)
264 MADEIRA CIR.
City **TIERRA VERDE** FL Zip Code **33715**

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 **JUDD R. TRAYLING (OWNER)**

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

(NOTE: Registered Agent signature required when reinstating)

2/27/2001

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	D	<input type="checkbox"/> Delete
NAME	TRAYLING, JUDD	
STREET ADDRESS	6649 MARINA POINTE VILLAGE COURT, APT. 205	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	264 MADEIRA CIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIERRA VERDE, FL	
STREET ADDRESS	33715	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2001

Date

813 2405064

Daytime Phone #

CR2E034 (10/00)