## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900086529  1. Entity Name TIPCO USA, INC.				Apr 17, 2002 8:00 am Secretary of State 04-17-2002 90039 036 ***150.00		
Principal Place of Business Mailing Address 8400 ADMIRAL POINT 8400 ADMIRAL POINT WINTER PARK FL 32792-9385 WINTER PARK FL 32792-9385			5			
2. Principal P	lace of Business	3. Mailing Address				
SUITE, Apt. #, etc. Suite, Apt. #150, Sandy Co. WINTER PARY 5650 S. Lake Bur				DO NOT WRITE IN THIS SPACE		
City & Stat				4. FEI Number 59-3609147	Applied For Not Applicable	
Zip	Country	Zip	Country		5 Additional equired	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent		
CORBETT, SANDY 8400 ADMIRAL POINT			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32792-9385			0':	Ms. Sandy Corbett  50 S. Lake Burkett Lane	Code	
8 Factor	named entity submits this statement for	the purpose of changing its reg		Vinter Park, FL 32792 FL Zin istered agent, or both, in the State of Florida.	Code	
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, 2002 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 D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
NAME STREET ADDRESS CITY-ST-ZIP	CORBETT, SANDY 8400 ADMIRAL POINT WINTER PARK FL 32792-9385	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Ms. Sandy Corbett 5650 S. Lake Burkett Lane Winter Park, FL 32792	ange Addition (10/6)	
TITLE NAME STREET ADDRESS;	STOR	☐ Celete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	· Ct	ange	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	□ Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ch	ange 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  4 8 02 407 681 4530  Daytime Phone #						