## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRIN

NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## FILED DOCUMENT # **S15326** Apr 20, 2000 8:00 am Secretary of State J & S TIE BEAMS, INC. 04-20-2000 90067 004 \*\*\*150.00 Principal Place of Business Mailing Address **3058 GYPSY** 3058 GYPSY SARASOTA FL 34231-7422 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Applied For City & State 4. FE! Number 65-0229835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YODER, JOHN GLEN Street Address (P.O. Box Number is Not Acceptable) 3025 IRVING STREET SARASOTA FL 34237 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE YODER, JOHN NAME NAME STREET ADDRESS **3058 GYPSY** STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition Delete TITLE YODER, STEPHANIE NAME NAME STREET ADDRESS **3058 GYPSY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Delete TITLE \_ Change -Addition TITLE Jerry Cormany 2905 Bahia Vista St NAME NAME STREET ADDRESS STREET ADDRESS Surasota FL 34237 CITY-ST-ZIP CITY-ST-ZIP Phillip S. Tinkham [ 2905 Bahia Uistast Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS Savasota FL 34237 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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