

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 15, 2001 8:00 am  
Secretary of State**

02-15-2001 90005 047 \*\*\*150.00

**DOCUMENT # S88222**

1. Entity Name

**TIDAL ENTERPRISES, INC.**

Principal Place of Business

1125 HWY A1A  
APT. 609  
SATELLITE BEACH FL 32937  
US

Mailing Address

1121 WAYNEWOOD BLVD  
ALEXANDRIA VA 22308  
US

2. Principal Place of Business

1121 WAYNEWOOD BLVD

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

ALEXANDRIA, VA

City &amp; State

4. FEI Number 59-3091468

Applied For

Not Applicable

Zip

Country

22308

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBY, KENNETH N  
1423 S PATRICK DR  
SATELLITE BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **KAHL, GEORGE G**  
STREET ADDRESS **1125 HWY A1A APT 609**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1121 WAYNEWOOD BLVD**  
CITY-ST-ZIP **ALEXANDRIA, VA 22308**TITLE **D** ☐ Delete  
NAME **KAHL, CYNTHIA S**  
STREET ADDRESS **1125 HWY A1A APT 609**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1121 WAYNEWOOD BLVD**  
CITY-ST-ZIP **ALEXANDRIA, VA 22308**TITLE ☐ Delete  
NAME  
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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:

CYNTHIA S. KAHL Cynthia S. Kahl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/10/01

Daytime Phone #

703-883-7429

CR2E034 (10/00)