

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90428 039 ***150.00

DOCUMENT # S98747

1. Entity Name
TYRELL, INC.

Principal Place of Business Mailing Address
1547 SHIRL LANE 1547 SHIRL LANE
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FLI Number **59-3098725**

Applied For
 No: Applicable

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

BLACKBURN, BRYAN E.
1921 DEWEY PLACE
JACKSONVILLE FL 32207

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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's signature required when re-registering)

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 Delete
 NAME **DV FERRELL, MICHAEL WAYNE**
 STREET ADDRESS **286 MAHER RD.**
 CITY-STATE-ZIP **WALTON KY 41094**

TITLE Change Addition
 NAME
 STREET ADDRESS **15021 Violet Road**
 CITY-STATE-ZIP **Crittenden, Ky 41030**

TITLE Delete
 NAME **DPS TYRE, EMORY HILTON**
 STREET ADDRESS **1547 SHIRL LANE**
 CITY-STATE-ZIP **JACKSONVILLE FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-STATE-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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 authority empowered.

SIGNATURE: *Emory H. Tyre*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMORY H. TYRE

4/26/01

(904) 731-2293

00141329

CR2E034 (10/00)