

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 013 ***150.00

0688443 FP

DOCUMENT # V11470

1. Entity Name
TYLER JEWELERS, INC.



Principal Place of Business
3060 STATE ROAD 674
RUSKIN FL 33570
US

Mailing Address
3060 SR 674
RUSKIN FL 33570
US



2. Principal Place of Business
TYLER JEWELERS INC
Suite, Apt. #, etc.
756 SANDHAYMAH WAY
City & State
APOLLO BEACH FL

3. Mailing Address
PO BOX 3572
Suite, Apt. #, etc.

City & State
APOLLO BEACH
Zip
33572
Country
HILLSBORO

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0313028**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TYLER, JAMES W.
3060 STATE ROAD 674
RUSKIN FL 33570

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TYLER, JAMES W.**
STREET ADDRESS **3060 SR 674**
CITY-ST-ZIP **RUSKIN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

REQUIRE 29 April 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 645 9529

CR2E034 (10/02)