

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 SEP 18 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000016746

1. Entity Name

TILLER, U.S.A., INC. *P*

Principal Place of Business

200 DOLPHIN POINT, UNIT 403  
CLEARWATER FL 33767

Mailing Address

200 DOLPHIN POINT, UNIT 403  
CLEARWATER FL 33767-2102

20171

2. Principal Place of Business

41 N. FT. HARRISON  
Suite, Apt. #, etc.  
UNIT J

3. Mailing Address

41 N. FT. HARRISON  
Suite, Apt. #, etc.  
UNIT J

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3567267

Applied For

Not Applicable

Zip

Country

33767

Zip

Country

33767

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TILLER, GENEVIEVE A  
200 DOLPHIN POINT, UNIT 403  
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

TILLER, GENEVIEVE A

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

41 N. FT. HARRISON

UNIT J

City

CLEARWATER

FL

Zip Code

33767

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

*M.A. Tiller*

3-13-2000

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 \$180.00**  
After MAY 1, 2000, Fee will be \$350.00  
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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	TILLER, GENEVIEVE A	
STREET ADDRESS	200 DOLPHIN POINT, UNIT 403	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLER, GENEVIEVE A	
STREET ADDRESS	41 N. FT. HARRISON - UNIT J	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*M.A. Tiller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2000

DATE

446-0508

DAYTIME PHONE #