

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001135

1. Entity Name
TATÉ ORNAMENTAL, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90022 028 ***550.00

Principal Place of Business
411 INDUSTRIAL DR.
WHITE HOUSE TN 37188

Mailing Address
411 INDUSTRIAL DR.
WHITE HOUSE TN 37188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **62-1578663**
Applied For
Not 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

~~CIBBONS, MICHAEL R~~
215 N. EOLA DR.
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	TATE, RONALD J	
STREET ADDRESS	411 INDUSTRIAL DR.	
CITY-ST-ZIP	WHITE HOUSE TN 37188	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAMES, CHARLIE	
STREET ADDRESS	411 INDUSTRIAL DR.	
CITY-ST-ZIP	WHITE HOUSE TN 37188	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBERTS, RACHEL	
STREET ADDRESS	411 INDUSTRIAL DR.	
CITY-ST-ZIP	WHITE HOUSE TN 37188	
TITLE	C	<input type="checkbox"/> Delete
NAME	TATE, HAROLD B JR.	
STREET ADDRESS	411 INDUSTRIAL DR.	
CITY-ST-ZIP	WHITE HOUSE TN 37188	
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"/> 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	VINCION, RACHEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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: RACHEL V. INCION, SECRETARY 7/10/00 615-672-0348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 1E0X41310011