

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90150 008 ***150.00

DOCUMENT # P02000098379

1. Entity Name
TARPON IMPORTS, INC.



Principal Place of Business
**1821 RIVEREDGE DR
TARPON SPRINGS FL 34689**

Mailing Address
**1821 RIVEREDGE DR
TARPON SPRINGS FL 34689**



2. Principal Place of Business

3. Mailing Address

223 Tarpon Industrial Dr 223 Tarpon Industrial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tarpon Springs FL

City & State
Tarpon Springs FL

4. EFL Number
55-0795963

Applied For
☐ Not Applicable

Zip
34689

Country
USA

Zip
34689

Country
USA

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

**OSBORN, MICHAEL
1821 RIVEREDGE DR
TARPON SPRINGS FL 34689**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **OSBORN, MICHAEL**
STREET ADDRESS **1821 RIVEREDGE DR**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **V P** ☐ Change ☒ Addition
NAME **Jeffrey A. Shunk**
STREET ADDRESS **3371 Misty Pond Ct.**
CITY-ST-ZIP **Tarpon Springs FL 34688**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 reports 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:

MICHAEL OSBORN Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/03 (727) 4804628

CR2E034 (10/02)