

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90002 049 \*\*\*150.00

**DOCUMENT # P94000043142**

1. Entity Name  
**T-MAR TRADING, INC.**

Principal Place of Business 1111 N. WESTSHORE BLVD. SUITE 512 TAMPA FL 33607-4713	Mailing Address 1111 N. WESTSHORE BLVD. SUITE 512 TAMPA FL 33607-2273
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2700 N. MACDILL AVE.</b>	3. Mailing Address <b>2700 N. MACDILL AVE.</b>
Suite, Apt. #, etc. <b>SUITE 215</b>	Suite, Apt. #, etc. <b>SUITE 215</b>
City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>

4. FEI Number <b>59-3247791</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>33607</b>	Country <b>HILLSBOROUGH</b>	Zip <b>33607</b>	Country <b>HILLSBOROUGH</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MARRIOTT, THOMAS E**  
**1111 N. WESTSHORE BLVD.**  
**SUITE 512**  
**TAMPA FL 33607**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2700 N. MACDILL AVE.**  
**SUITE 215**  
 City  
**TAMPA** **FL** Zip Code  
**33607**

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 \$150.00**  
**After MAY 1, 2000 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	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>MARRIOTT, THOMAS E</b>	
STREET ADDRESS <b>1111 N. WESTSHORE BLVD., SUITE 512</b>	
CITY-ST-ZIP <b>TAMPA FL 33607</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>ZIPKIN, LINDA B</b>	
STREET ADDRESS <b>1111 N. WESTSHORE BLVD.</b>	
CITY-ST-ZIP <b>TAMPA FL 33607</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>2700 N. MACDILL AVE., SUITE 215</b>	
CITY-ST-ZIP <b>TAMPA, FL 33607</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>2700 N. MACDILL AVE., SUITE 215</b>	
CITY-ST-ZIP <b>TAMPA, FL 33607</b>	
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: Thomas E. Marriott **Thomas E. MARRIOTT** ✓ 4-27-00 ✓ 813-3548584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)