

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90039 008 \*\*\*150.00

**DOCUMENT # P96000010325**

1. Entity Name

TREMOLO, INC.

Principal Place of Business

Mailing Address

1506 54TH AVE., N.  
 ST. PETERSBURG FL 33714

1506 54TH AVE., N.  
 ST. PETERSBURG FL 33703-2645  
 US

2. Principal Place of Business

3. Mailing Address

1506 54th Ave N

1506 54th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#6

#6

City & State

ST. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-3359185

Applied For

Not Applicable

Zip

33714

Country

U.S.A.

Zip

33714

Country

U.S.A.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHROEDER, KURT A  
 1002 OLD MILL POND ROAD  
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

Kurt A. Schroeder

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

1506 54th Ave. N. #6

City

St Petersburg FL

Zip Code

33714

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 \_\_\_\_\_

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SCHROEDER KURT A	1002 OLD MILL POND RD	PALM HARBOR FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Schroeder, Kurt A.	1506 54th Ave N. #6	St. Petersburg FL 33714	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kurt Schroeder

Date

4-28-2000

Daytime Phone #

727 525 1074

CR2E034 (9/99)