2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90312 029 ***150.00

DOCUMENT # P98000022601

1. Entity Name
TAMBCO PROPERTIES, INC.

Principal Place of Business	Mailing Address
4303 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624 US	4303 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624-4611 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19204 SEAMIST LN	19204 SEAMIST LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LUTZ FL	City & State: LUTZ FL
Zip: 33549 Country: Hilsbc.	Zip: 33549 Country: Hillsbo

4. FEI Number 59-3497654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAMBORELLO, GREGORY J
4303 CARROLLWOOD VILLAGE DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent

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 Gregory J. Tamborello [signature] President 4/30/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAMBORELLO, GREGORY J	NAME	
STREET ADDRESS	4303 CARROLLWOOD VILLAGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TAMBORELLO, MARILYN R	NAME	
STREET ADDRESS	4303 CARROLLWOOD VILLAGE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] Apr. 30, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)