

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90379 025 ***150.00

DOCUMENT # 345848

1. Entity Name

TAS-T-O'S DOUGHNUTS OF OCALA, INC.

Principal Place of Business

**2205 SILVER SPRINGS BLVD
 OCALA FL 34470**

Mailing Address

**2205 SILVER SPRINGS BLVD
 OCALA FL 34470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1264893

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

**EATMON, JANICE G.
 3240 N.E. 10TH STREET
 OCALA FL 32670**

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

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, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	D EATMON, JANICE G. 3240 NE 10TH STREET OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUINN, GEORGE R. 1061 NE 28TH STREET OCALA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George EATMON

Date

Daytime Phone #

7/22/02 732-4368

CR2E034 (4/02)



2205 E. SILVER SPRINGS BLVD.
OCALA, FLORIDA 32670

Attashmeof

PHONE 622-7657

*345 848
123171*

7/21/02

Dear Sirs:

This is to inform you that this is the first notice we have seen. We received no other notification. We ask that the \$400.00 late fee be waived. We have paid the \$150.00 fee each year and have not been late sending it. Because of our record of promptness each year, we feel you will understand our asking for this consideration in our case.

Enclosed you will find a check for the \$150.00 fee and the information you have asked for, if you have a further question or problem, please do not hesitate to let us hear from you.

Thank you for your time and attention to this matter.

Sincerely,

George Eatmon
Tas-T-O Donuts of Ocala
Sec./Treas.