

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90002 014 \*\*\*150.00

**DOCUMENT # 429617**CA# 8461  
14 APR 2000

1. Entity Name

**THE TARPPO CORPORATION**

Principal Place of Business

Mailing Address

777 ROOSEVELT BLVD  
TARPON SPRINGS FL 34689  
US777 ROOSEVELT BLVD  
TARPON SPRINGS FL 34689-3137  
US

C0066921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3939 BLOOMING HILL LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

PALM HARBOR, FL.

4. FEI Number

59-1482463

Applied For

Not Applicable

Zip

Country

Zip

Country

34684

US

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

Name

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

City

FL

Zip Code

MONA, MICHAEL PN  
520 ISLAND AVE  
TARPON SPRINGS FL 34689

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MONA, MICHAEL PN 520 ISLAND DRIVE TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MONA, NELLY E 520 ISLAND DRIVE TARPON SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3939 BLOOMING HILL LANE PALM HARBOR, FL. 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3939 BLOOMING HILL LANE PALM HARBOR, FL. 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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:

Michael P.N. Mona P.D.T. MICHAEL P.N. MONA 14 APR 2000 727-934-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #