

2005
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90088 045 ***150.00

DOCUMENT # 711888

1. Entity Name

TAMARAC ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

40004106

2. Principal Place of Business

% ELLIOT D STEIN, CPA

Suite, Apt. #, etc.

2131 HOLLYWOOD BLVD., # 505

City & State
HOLLYWOOD, FL

Zip
33020

Country
USA

3. Mailing Address

% ELLIOT D STEIN, CPA

Suite, Apt. #, etc.

2131 HOLLYWOOD BLVD., # 505

City & State
HOLLYWOOD, FL

Zip
33020

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1234012

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
ELLIOT D. STEIN CPA

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

2131 HOLLYWOOD BLVD., #505

City
HOLLYWOOD

FL

Zip Code
33020

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD - - - WILLIAM A MORSE
2131 HOLLYWOOD BLVD., #505
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STD - - - ELLIOT D STEIN
2131 HOLLYWOOD BLVD., #505
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D - - - - - SHERRY KALINOSKI
2131 HOLLYWOOD BLVD., #505
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034B (12/02)