

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G02539

1. Entity Name

TALL MAN OF NORTHWEST FLORIDA, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90027 044 ***158.75

Principal Place of Business

747 JENKS AVE
PANAMA CITY FL 32401
US

Mailing Address

2204 FOREST AVE
PANAMA CITY FL 32405-1817
US

2. Principal Place of Business

1100 Beck Ave

Suite, Apt. #, etc.

3. Mailing Address

2204 Forest Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY FL.

City & State

PANAMA CITY FL.

4. FEI Number

19-1142041

Applied For

Not Applicable

Zip

32401

Country

FL

Zip

32405

Country

FL

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

MILLER, CHARLES HARRY
2204 FOREST AVE
PANAMA CITY FL 32405

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

CHARLES H MILLER PRES.

Charles H. Miller

4-2-00

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MILLER, CHRISTINE S
STREET ADDRESS 2204 FOREST AVE
CITY-ST-ZIP PANAMA CITY, FL 00000 32405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P
NAME MILLER, CHARLES HARRY
STREET ADDRESS 2204 FOREST AVE
CITY-ST-ZIP PANAMA CITY, FL 00000 32405

☐ Delete

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☐ Change

☐ Addition

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:

Charles H. Miller

CHARLES H. MILLER

4-2-00

769-3177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)