

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12589

1. Entity Name

T.I.N.K., INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90139 046 ***150.00

Principal Place of Business

Mailing Address

1114 N. BERMUDA AVE
KISSIMMEE FL 34741

1114 N. BERMUDA AVE
KISSIMMEE FL 34741-4201

New Address: 1114 N. John Young Pkwy.
Kissimmee FL 34741

2. Principal Place of Business

3. Mailing Address

1114 N. John Young Pkwy.
Suite, Apt. #, etc.

1114 N. John Young Pkwy.
Suite, Apt. #, etc.

City & State

City & State

Kissimmee FL

Kissimmee FL

Zip

Country

Zip

Country

34741

USA

34741

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUSKIEWICH, THOMAS E.

(New Address)

1114 N. BERMUDA AVE
KISSIMMEE FL 32741

Name

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

City

Zip Code

1114 N. John Young Pkwy
Kissimmee FL 34741

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 PD
NAME SUSKIEWICH, THOMAS E
STREET ADDRESS 9159 BALMORAL MEWS SQUARE
CITY-ST-ZIP WINDERMERE FL ☐ Delete

TITLE PD
NAME Suskiewicz, Thomas E
STREET ADDRESS 9004 Gladin Ct.
CITY-ST-ZIP Orlando, FL 32819 ☒ Change ☐ Addition

TITLE ST
NAME SUSKIEWICH, CAROLYN
STREET ADDRESS 9159 BALMORAL MEWS SQUARE
CITY-ST-ZIP WINDERMERE FL ☐ Delete

TITLE ST
NAME Suskiewicz, Carolyn
STREET ADDRESS 9004 Gladin Ct.
CITY-ST-ZIP Orlando, FL 32819 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Thomas E. Suskiewicz Thomas E. Suskiewicz 1-14-00 407-846-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)