

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G36855

1. Entity Name

T.M.P. MANAGEMENT CORPORATION

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90064 030 ***150.00

Principal Place of Business

Mailing Address

% MICHAEL G. POTAPOW
5500 SE 17TH STREET
OCALA FL 32671

% MICHAEL G. POTAPOW
5500 SE 17TH STREET
OCALA FL 34474-5951

2. Principal Place of Business

3. Mailing Address

1330 W. CITIZENS BLVD
Suite, Apt. #, etc.
602

1330 W. CITIZENS BLVD
Suite, Apt. #, etc.
602

City & State

City & State

LEESBURG FL

LEESBURG FL

Zip

Country

Zip

Country

34748

LAKE

34748

LAKE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POTAPOW, MICHAEL G.
5500 SE 17TH STREET
OCALA FL 32671

Name

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

1330 W. CITIZENS BLVD

City

LEESBURG

FL

Zip Code

34748

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTAPOW, MICHAEL G		NAME	
STREET ADDRESS	5500 SE 17TH STREET		STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 352-728-6618

Date

Daytime Phone #

CR2E034 (9/99)