

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90037 003 \*\*\*158.75

**DOCUMENT # H35387**

1. Entity Name

**TAGAR ENTERPRISES, INC.**

Principal Place of Business

% GARY A. KOKAISEL SR.  
 260 PLAZA DRIVE  
 OVIEDO FL 32765  
 US

Mailing Address

% GARY A. KOKAISEL SR.  
 260 PLAZA DRIVE  
 OVIEDO FL 32765  
 US



2. Principal Place of Business

*Rick Callinan*

3. Mailing Address

*Rick Callinan*

Suite, Apt. #, etc.

*Same as above*

Suite, Apt. #, etc.

*Same as above*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2472857**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KOKAISEL, GARY A. SR.  
 1416 WEST LAKESHORE DRIVE  
 CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name *Rick Callinan*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1061 NW 104 Ave*  
 City *Plantation* FL Zip Code *33322*

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

*Rick Callinan President* *[Signature]* *4/29/2002*

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC KOKAISEL, GARY A. SR. 1416 W. LAKESHORE DRIVE CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KOKAISEL, MARGARET A. 1416 W. LAKESHORE DRIVE CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALLINAN, RICK 1061 N.W. 104TH AVENUE PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLOWELL, J. DANIEL 799 HIGH GROVE PARK COURT OVIEDO FL 34765	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> PD Rick Callinan 1061 NW 104 Ave Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VS</del> Dan Hollowell 799 High Grove Park Ct. Oviedo, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VT</del> Jack Albrecht 8328 Tallahassee Dr. NE St. Petersburg, FL 33702	<input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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

*[Signature]* Rick Callinan

*4/29/2002*

Date

Daytime Phone #

*954-370-7143*