

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90385 039 \*\*\*150.00

**DOCUMENT # J63567**

**1. Entity Name**  
**TAMAS HEREDY, INC.**

**Principal Place of Business**

**2321 E MOUNT VERNON  
 ORLANDO FL 32803**

**Mailing Address**

**210 CHARLES ST  
 WINTER SPRINGS FL 32708**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** **59-2872531**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HEREDY, TAMAS  
 504 S EDMON AVE  
 WINTER SPRINGS FL 32708**

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_  
 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** ☐ **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **HEREDY, TAMAS**  
**STREET ADDRESS** **504 S EDMON AVE 210 CHARLES ST**  
**CITY-ST-ZIP** **WINTER SPRINGS FL**

**TITLE** **D** ☐ Delete  
**NAME** **HEREDY, TRACY**  
**STREET ADDRESS** **504 S EDMON AVE 210 CHARLES ST**  
**CITY-ST-ZIP** **WINTER SPRINGS FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

*Tamas Heredy*  
**TAMAS HEREDY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-7-02** **407-896-2208**  
 Date Daytime Phone #

CR2E034 (9/01)