

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90117 036 ***550.00

DOCUMENT # K38112

1. Entity Name

T AND P ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1122 South Congress Avenue

Suite, Apt. #, etc.

3. Mailing Address

1122 South Congress Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, Florida

City & State
West Palm Beach, Florida

4. FEI Number
65-0075023

Applied For
Not Applicable

Zip
33406

Country
USA

Zip
33406

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CRAIG P. STOVER**

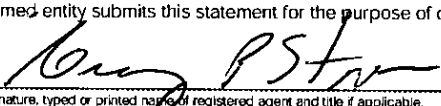
Street Address (P.O. Box Number is Not Acceptable)

1122 South Congress Avenue

City **West Palm Beach**

FL Zip Code
33406

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.

CRAIG P. STOVER, President

(NOTE: Registered Agent signature required when reinstating)

8/19/02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PD Craig P. Stover**
STREET ADDRESS
CITY - ST - ZIP **1122 South Congress Avenue
West Palm Beach, Florida 33406**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **CRAIG P. STOVER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-547-9599