

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90085 049 ***150.00

0124148 AT

DOCUMENT # K58750

1. Entity Name

TAB PROFESSIONAL BUSINESS DESIGNS, INC.



Principal Place of Business

**%SHELBY L. CLINARD
6715 PLANTATION ROAD
PENSACOLA FL 32504**

Mailing Address

**%SHELBY L. CLINARD
6715 PLANTATION ROAD
PENSACOLA FL 32504**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2925310**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CLINARD, SHELBY L.
6715 PLANTATION ROAD
PENSACOLA FL 32504**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SHELBY L. CLINARD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

7-15-03

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	☐ Delete
NAME	CLINARD, SHELBY L.	
STREET ADDRESS	6715 PLANTATION ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVPS	☐ Delete
NAME	CLINARD, ALTON H.	
STREET ADDRESS	6715 PLANTATION ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	☐ Delete
NAME	CLINARD, A-B	
STREET ADDRESS	6715 PLANTATION ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CLINARD, SHELBY L.	
STREET ADDRESS	4081 E. OLIVE ROAD SUITE H	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CLINARD ALTON H.	
STREET ADDRESS	4081 E. OLIVE Rd. Suite H	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CLINARD, A.B.	
STREET ADDRESS	4081 E. OLIVE Rd. Suite H	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	CLINARD DIRECTOR	☐ Change ☒ Addition
NAME	CLINARD, JENNY	
STREET ADDRESS	4081 E. OLIVE Rd Suite H	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHELBY L. CLINARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03
Date
850 477-5198
Daytime Phone #

CR2E034 (4/03)