

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000009546**

FILED

01 MAY -1 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MJH**

1. Entity Name

TAMPACO L.C.

Principal Place of Business

1100 LINTON BOULEVARD, SUITE C-9  
DELRAY BEACH FL 33444

Mailing Address

1100 LINTON BOULEVARD, SUITE C-9  
DELRAY BEACH FL 33444

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

**Applied For**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME  Delete  
**MGR WALSH, MARK**  
STREET ADDRESS **1100 LINTON BOULEVARD, SUITE C-9**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE NAME  Delete  
**MGR WALSH, MICHAEL**  
STREET ADDRESS **1100 LINTON BOULEVARD, SUITE C-9**  
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP **800004275098-6**

TITLE NAME  Change  Addition  
STREET ADDRESS **-05/21/01--0158-01**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael Walsh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/01 603 559-2190  
Date Daytime Phone #

CR2E083 (11/00)