

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90129 024 ***150.00

DOCUMENT # L06061

1. Entity Name
A. MOTHER INDUSTRIES, INC.

Principal Place of Business
**15097 CORBY CT
WELLINGTON FL 33414**

Mailing Address
**15097 CORBY CT
WELLINGTON FL 33414**

2. Principal Place of Business
9053 N.W. 53 St.
Suite, Apt. #, etc.

3. Mailing Address
9053 N.W. 53 St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coral Springs, FL.
Zip
33067

City & State
Coral Springs, FL.
Zip
33067

4. FEI Number
65-0144437

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**TAMMY, JOSEPH F.
15097 CORBY CT
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **Joseph F. TAMMY**
Street Address (P.O. Box Number is Not Acceptable)
9053 N.W. 53 St.
City **Coral Springs** **FL** Zip Code **33067**

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAMMY, HELENE A.	
STREET ADDRESS	15097 CORBY CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EDWARD, TAMMY	
STREET ADDRESS	15097 CORBY CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAMMY, EDWARD	
STREET ADDRESS	15097 CORBY CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAMMY, SHERRI L	
STREET ADDRESS	15097 CORBY CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helene A. TAMMY	
STREET ADDRESS	9053 N.W. 53 St.	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward TAMMY	
STREET ADDRESS	9053 N.W. 53 St.	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward TAMMY	
STREET ADDRESS	9053 N.W. 53 St.	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherrilynn TAMMY	
STREET ADDRESS	9053 N.W. 53 St.	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Helene A. Tammy **Helene A. TAMMY - P/D** April 4, 2002 561-793-6964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)