

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **L70961**1. Entity Name
TAMMAR, INC.Principal Place of Business
**1900 TAMIAMI TRAIL
UNIT 124
MURDOCK FL 33948-1039**Mailing Address
**1900 TAMIAMI TRAIL
UNIT 124
MURDOCK FL 33948-1039**2. Principal Place of Business
UNIT 130
Suite, Apt. #, etc.3. Mailing Address
UNIT 130
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0188138**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WILKIE, TAMARA
1900 TAMIAMI TR
SUITE U 124
PORT CHARLOTTE FL 33948**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D			
	WILKIE, TAMARA M.			
	1210 STRASBURG			
	PORT CHARLOTTE FL			
	D			
	MCCOURT, MARILYN			
	1202 STRASBURG			
	PORT CHARLOTTE FL			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Marilyn McCourt* **MARILYN M' COURT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-01

Daytime Phone #

941-624-0999

0537428

CR2E034 (10/00)