

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90112 047 ***150.00

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DOCUMENT # **L70961**

1. Entity Name
TAMMAR, INC.



Principal Place of Business ^{OR} Mailing Address
~~1900-TAMIAMI TRAIL~~ **1210 STRASBURG DR**
~~UNIT-130~~
~~MURDOCK-FL-33948-1039~~
PT. CHARLOTTE, FL 33952-2744



2. Principal Place of Business 3. Mailing Address
1210 STRASBURG DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State City & State
PT. CHARLOTTE FL
Zip Country Zip Country
33952-2744 U.S.A.

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

7. Name and Address of New Registered Agent

WILKIE, TAMARA
~~1900-TAMIAMI TRAIL~~ **1210 STRASBURG DRIVE**
~~SUITE U-124~~
PORT CHARLOTTE FL-33948-33952-2744

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 Marilyn McCourt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	
TITLE	<input type="checkbox"/> Delete
NAME	WILKIE, TAMARA M.
STREET ADDRESS	1210 STRASBURG
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input type="checkbox"/> Delete
NAME	MCCOURT, MARILYN
STREET ADDRESS	1202 STRASBURG
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn McCourt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)