

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79506

1. Entity Name
T.M.R. & S., INC.



Principal Place of Business
6220 W HILLSBOROUGH AVE
TAMPA FL 33634

Mailing Address
6220 W HILLSBOROUGH AVE
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0216049

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

GRULKE, JACK E
6220 W HILLSBOROUGH AVE
TAMPA FL 33634

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
GRULKE, JACK E.
6220 W HILLSBOROUGH AVE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-01

Date

813 886-4449

Daytime Phone #

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90106 004 ***150.00



DO NOT WRITE IN THIS SPACE

0000732
AV

CR2E034 (5/01)


Attachment Doc# L79506
80064848

September 5, 2001

T.M.R. & S, Inc.
6220 W. Hillsborough Ave.
Tampa, Fl. 33634
Acct. #L79506
ID# 65-0216049

Dept. of State
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Due to the fact I never received the first notice, and after speaking with Maria on September 5th 2001, I was advised to pay \$150.00 towards the 2001 Uniform Business Report. This brings my account current to date. I understand there were several other businesses that never received their first notice. Thank you for your help in this matter.

Sincerely,

Jack Grulke

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