

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90053 032 ***150.00

DOCUMENT # P00000020690

1. Entity Name
TAS OF SUWANNEE INC.

Principal Place of Business

**7737 S. SHEKINAH PLACE
O'BRIEN FL 33071**

Mailing Address

**7737 S. SHEKINAH PLACE
O'BRIEN FL 33071**

2. Principal Place of Business

1701 EMERALD DRIVE

3. Mailing Address

1701 EMERALD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3643033

Applied For

Not Applicable

Zip

33756

Country

PINELLAS

Zip

33756

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHAEDLER, ANTHONY D
7737 SO. SHEKINAH PLACE
O'BRIEN FL 33071**

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, 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 **D** ☐ Delete
NAME **SCHAEDLER, ANTHONY D**
STREET ADDRESS **7737 SO. SHEKINAH PLACE**
CITY-ST-ZIP **O'BRIEN FL 33071**

TITLE **D** ☐ Delete
NAME **SCHAEDLER, ANGELA**
STREET ADDRESS **7737 S. SHEKINAH PALCE**
CITY-ST-ZIP **O'BRIEN FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Angela J. Schaedler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02 (727) 4474374
Date Daytime Phone #

CR2E034 (9/01)