

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000036599**

1. Entity Name

TANARK, P.A.

FILED

02 JAN 24 AM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1773 Crawfordville Hwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 676
Suite, Apt. #, etc.

01-02 UBR

City & State

Crawfordville FL

City & State

Crawfordville FL

4. FFL Number

52 2230 767

Applied For

Not Applicable

Zip

32327

Country

USA

Zip

32326

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Patti A. Reno

Street Address (P.O. Box Number is Not Acceptable)

1773 Crawfordville Hwy

City

Crawfordville

FL

Zip Code

32327

**DO NOT WRITE
IN THIS SPACE**

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

Patti A. Reno

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**President, VPres.
Richard C. Reno
1773 Crawfordville Hwy
Crawfordville FL 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**300004853183--1
-02/01/02--01044--015
****308.75 ****308.75**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary, Treasurer
Patti A. Reno
1773 Crawfordville Hwy
Crawfordville FL 32327**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patti A. Reno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-02

Daytime Phone #

926 6588

CR2E034B (12/01)