

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90177 027 ***150.00

DOCUMENT # P00000050872

1. Entity Name

TARA INNOVATIONS, INC.

Principal Place of Business

Mailing Address

Fillafray of Florida
600 Thacker Avenue North
Suite D-59
Kissimmee, FL 34741

Fillafray of Florida
600 Thacker Avenue North
Suite D-59
Kissimmee, FL 34741

A0013524



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 Thacker Ave
Suite, Apt. #, etc.
D-59
Kissimmee fl

3. Mailing Address

600 Thacker Ave N.
Suite, Apt. #, etc.
D-59
Kissimmee fl

4. FEI Number

59-3649139

Applied For

Not Applicable

City & State

Kissimmee fl

City & State

Kissimmee fl

Zip

34741

Country

OSCEOLA

Zip

34741

Country

OSCEOLA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UPTON, CHRIS M

Fillafray of Florida
600 Thacker Avenue North
Suite D-59
Kissimmee, FL 34741

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **UPTON, CHRIS M**
STREET ADDRESS *Fillafray of Florida*
CITY-ST-ZIP **600 Thacker Avenue North**

TITLE ☐ Delete
NAME **Suite D-59**
STREET ADDRESS **Kissimmee, FL 34741**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: *Chris M. Upton*

CHRIS M. UPTON PRESIDENT

Date **1/19/01**

Daytime Phone # **(407) 518-5599**

CR2E034 (10/00)