

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90015 011 ***158.75

DOCUMENT # P00000059304

1. Entity Name

TBD, INC.

Principal Place of Business

**4025 TAMPA ROAD
 STE 1104
 OLDSMAR FL 34677**

Mailing Address

**P O BOX 326
 OLDSMAR FL 34677**

2. Principal Place of Business

4025 TAMPA RD.

P.O. BOX 326

Suite, Apt. #, etc.

SUITE 1104

Suite, Apt. #, etc.

City & State

OLDSMAR, FL.

City & State

OLDSMAR, FL

Zip

34677

Country

USA

Zip

34677

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3654798

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DECARA, DAVID L
 2717 SEVILLE BLVD STE 8205
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name **RANDY J. BARR**
 Street Address (P.O. Box Number is Not Acceptable) **3317 CYPRESS LANDING DR.**
 City **VALRICO** FL Zip Code **33594**

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

RANDY J. BARR

PRESIDENT

FEB. 19, 2002

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 <input checked="" type="checkbox"/> Delete
NAME	DECARA, DAVID L
STREET ADDRESS	2717 SEVILLE BLVD STE 8205
CITY-ST-ZIP	CLEARWATER FL 33764
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
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDY J. BARR
STREET ADDRESS	3317 CYPRESS LANDING DR.
CITY-ST-ZIP	VALRICO, FLORIDA 33594.
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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:

RANDY J. BARR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 19, 2002 **813**
855-4471

Date

Daytime Phone #

CR2E034 (9/01)