

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90137 046 ***550.00

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DOCUMENT # P00000081667

1. Entity Name
TUSKER ENTERPRISES, INC.



Principal Place of Business
C/O DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DRIVE - SUITE 910
WEST PALM BEACH FL 33401

Mailing Address
C/O DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DRIVE - SUITE 910
WEST PALM BEACH FL 33401



2. Principal Place of Business
c/o Daryl Cramer & Assoc., P.A.

3. Mailing Address
c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.
3801 PGA Blvd., #508

Suite, Apt. #, etc.
3801 PGA Blvd., #508

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number
65-1069126

Applied For
☐ Not Applicable

Zip
33410

Country
USA

Zip
33410

Country
USA

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

DARYL CRAMER & ASSOCIATES, P.A.
515 NORTH FLAGLER DRIVE
SUITE 910
WEST PALM BEACH FL 33401

Name
Daryl Cramer & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Boulevard, Suite 508

City
Palm Beach Gardens **FL** Zip Code
33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Daryl Cramer & Associates, P.A.*
Daryl Cramer, President

2/19/03

Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PTD
NAME
CAMUS, PATRICK
STREET ADDRESS
36 CAYMAN PLACE
CITY-ST-ZIP
PALM BEACH GARDENS FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
SD
NAME
CAMUS, MRS. BEATRICE
STREET ADDRESS
36 CAYMAN PLACE
CITY-ST-ZIP
PALM BEACH GARDENS FL 33418

☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED Patrick Camus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-659-7005

Date

Daytime Phone #

CR2E034 (10/02)