

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099034

1. Entity Name
TAPE MEDIA & SUPPLIES, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90050 028 ***150.00

Principal Place of Business
**2205 FORSYTH RD
ORLANDO FL 32807**

Mailing Address
**P.O. BOX 566
GOLDENROD FL 32733**

2. Principal Place of Business
1966 Corporate Square Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 953833
Suite, Apt. #, etc.

City & State
Longwood Florida
Zip
320750 Country
Senirole

City & State
Lake Mary Florida
Zip
32795 Country
Senirole

4. FEI Number
59-3677941

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

**MARLOWE, MICHAEL L ESQ
1031 W MORSE BLVD, STE 105
WINTER PARK FL 32807**

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 _____ (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 \$950.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, RICHARD NEIL 7602 MISTLETOE CT ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, ADA F 7602 MISTLETOE CT ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, CASSANDRA F 317 POINSETTIA DR SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cassandra Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 407-830-8220
Date Daytime Phone #

CR2E034 (10/00)