

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116330

1. Entity Name

TAMERON ENTERPRISES, INC.

Principal Place of Business

13641 TAMAMI TRAIL
NORTH PORT FL 34287-2269

Mailing Address

13641 TAMAMI TRAIL
NORTH PORT FL 34287-2269

2. Principal Place of Business

13641 Tamiami Trl

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

Zip

Country

34287

USA

4. FEI Number

65-1078943

☒ Applied For

☐ Not Applicable

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

JUDD, LINDA
2776 KILLIAN ST
NORTH PORT FL 34286

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

TITLE P/V/T/S
NAME THERESA A. MERONEY
STREET ADDRESS 13641 Tamiami Trail
CITY-ST-ZIP North Port, FL 34287

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/V/T/S
NAME THERESA A. MERONEY
STREET ADDRESS 13641 TAMAMI TRAIL
CITY-ST-ZIP NORTH PORT, FL 34287

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ 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:

Theresa A. Meroney

THERESA A. MERONEY 3-13-01 941-423-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90275 023 ***158.75

818828



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)