

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000011439

1. Entity Name

Taz Enterprizes, Inc.

02 OCT 21 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4417 Calienta Sr

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hernando Beach, FL

City & State

Zip
34607

Country
USA

Zip

Country

4. FEI Number
59-36999

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Emory Thomas

Street Address (P.O. Box Number is Not Acceptable)

4417 Calienta St.

City
Hernando Beach

FL

Zip Code
34607

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.

Emory Thomas, Registered Agent

(NOTE: Registered Agent signature required when reappointing)

DATE

10-18-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Emory Thomas, President
4417 Calienta St.
Hernando Beach, FL 34607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10/24/02--01040--023 **61.25

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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 on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emory Thomas

Date

Daytime Phone #

10-18-02 352-597-1773

CR2E034B (12/01)

gr 10/22/02