

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90202 042 \*\*\*150.00

0653986 AV

**DOCUMENT # P01000066609**

1. Entity Name  
**TAMIAMI BOOKS, INC.**



Principal Place of Business  
**7338 S. TAMIAMI TRAIL  
SARASOTA FL 34231**

Mailing Address  
**7338 S. TAMIAMI TRAIL  
SARASOTA FL 34231**



2. Principal Place of Business

**7338 S. Tamiami Tr.**

3. Mailing Address

**P.O. Box 114**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota FL**

City & State

**Lewisville TX**

Zip

**34231**

Country

**U.S.**

Zip

**75067**

Country

**U.S.**

4. FEI Number **65-119819**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LIROT, LUKE C ESQ.  
112 E. STREET, STE. B  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE NAME	<b>P BROWNING, DON</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>9301 JORDAN AVE., #105A</b>	
CITY-ST-ZIP	<b>CHATSWORTH CA 91311</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>P Coil, John</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>P.O. Box 114</b>	
CITY-ST-ZIP	<b>Lewisville, TX 75067</b>	
TITLE NAME	<b>Secretary Patton, Lisa</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>3379 Townsend Dr.</b>	
CITY-ST-ZIP	<b>Dallas, TX 75229</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-03**

Date

**972-317-6666**

Daytime Phone #

CR2E034 (10/02)