

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

05-15-2002 90089 009 \*\*\*150.00  
P01000083304

**FILED**

02 MAY 16 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO 10000 83304**

1. Entity Name

**TAHITIAN TRADING COMPANY**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1216 E CONCORD ST**

3. Mailing Address

**SAME AS #2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ORLANDO, FLORIDA**

City & State

4. FEI Number

**59-3746100**

Applied For

Not Applicable

Zip

**32803**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **MERRILL L. PUCKETT**

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

**1422 E. JEFFERSON ST**

City

**ORLANDO**

FL

Zip Code

**32801**

**DO NOT WRITE  
IN THIS SPACE**

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

**MERRILL L. PUCKETT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-24-02**

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  
**DIP/SIT  
PUCKETT, MERRILL L.  
1422 E. JEFFERSON ST  
ORLANDO FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Y  
PUCKETT, MERRILL L.  
1422 E. JEFFERSON ST.  
ORLANDO FL 32801**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

**4/24**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE:

**Merrill L. Puckett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.24.02.**

Date

Daytime Phone #

CR2E034B (12/01)