

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90122 041 ***150.00

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DOCUMENT # P01000111396

1. Entity Name
TAMLIN SECURITIES U.S.A., INC.



Principal Place of Business
**2150 POINCIANA DRIVE
CLEARWATER FL 34620**

Mailing Address
**2150 POINCIANA DRIVE
CLEARWATER FL 34620**

11043039



2. Principal Place of Business
12600 S. Belcher

3. Mailing Address
12600 S. Belcher

Suite, Apt. #, etc.
106 K

Suite, Apt. #, etc.
106 K

City & State
Largo FL

City & State
Largo FL

4. FEI Number
**APPLIED FOR
59-3584466**

Applied For
Not Applicable

Zip
33773

Country
Pinellas

Zip
33773

Country
Pinellas

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

**ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD SUITE A
SEMINOLE FL 33777**

Name
Frank A. Farrow

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

2150 Poinciana Dr

City
Clearwater **FL** Zip Code
33760

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 **Frank A. Farrow**

4-28-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULSEN, DANIEL 2150 POINCIANA DRIVE CLEARWATER FL 34620	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARROW, FRANK A 2150 POINCIANNA DRIVE CLEARWATER FL 33760	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Frank A. Farrow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 **727-523-1813**

Date

Daytime Phone #

CR2E034 (10/02)