

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90308 035 ***150.00

0003528 AT

DOCUMENT # P02000000066

1. Entity Name
TARA CONSTRUCTION CO., INC.

Principal Place of Business
422 TIMBERWOOS TRAIL
OVEDO FL 32765

Mailing Address
422 TIMBERWOOS TRAIL
OVEDO FL 32765



2. Principal Place of Business

3. Mailing Address

422 TIMBERWOOD TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-211002

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

FOWLKES, GREGG W
422 TIMBERWOOS TRAIL
OVEDO FL 32765

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOWLKES, GREGG W	
STREET ADDRESS	422 TIMBERWOOS TRAIL	
CITY-ST-ZIP	OVEDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOWLKES, LINDA A	
STREET ADDRESS	422 TIMBERWOOS TRAIL	
CITY-ST-ZIP	OVEDO FL 32765	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOWLKES, TARA D	
STREET ADDRESS	422 TIMBERWOOS TRAIL	
CITY-ST-ZIP	OVEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

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: Gregg W. Fowlkes Gregg W. Fowlkes 4-15-50 4073650718
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)