

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000021184

1. Entity Name
TNM HOLDINGS, INC.



Principal Place of Business
4115 POINTSETTIA DR.
ST. PETE BEACH FL 33706
US

Mailing Address
4115 POINTSETTIA DR.
ST. PETE BEACH FL 33706
US

2. Principal Place of Business
4115 Pointsettia Drive
Suite, Apt. #, etc.

3. Mailing Address
4115 Pointsettia Drive
Suite, Apt. #, etc.

City & State
St. Pete Beach, FLA.
Zip
33706
Country
Pinnelas

City & State
St. Pete Beach, FLA
Zip
33706
Country
Pinnelas

4. FFL Number
~~01-0612511~~ 01-0612511
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, TICH
4115 POINTSETTIA DR.
ST. PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name
TICH ROBINSON
Street Address (P.O. Box Number is Not Acceptable)
4115 Pointsettia Drive
St Petersburg Beach FLA.
City
FL 33706

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 Tich Robinson

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
P
ROBINSON, TICH
4115 POINTSETTIA DR.
ST. PETE BEACH FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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ROBINSON, TICH
4115 POINTSETTIA DR.
ST. PETE BEACH FL 33706 ☐ Delete

TITLE
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☐ Change ☐ 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: Tich Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90956 002 ***150.00

2002 for this Corporation



90035649

☐ CHECK HERE IF MAKING CHANGES

EIN/04EET

CR2E034 (10/02)