2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000031200

1. Entity Name TANKO, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91509 042 ***150.00

ce of Business NKO NTRIDGE PL . 32835	C/O 1355	PLEASANTRIDGE PL	_		1 88 111 88 111 88 111 8818 1			
Place of Business	3. Ma	iling Address	-		 		11 111 11 11 111 11	
Suite, Apt. #, etc.		te, Apt. #, etc.		☐ CHECK	CHECK HERE IF MAKING CHANGES			
е	City	& State		4. FEI Number 03-03967	78		pplied For ot Applicable	
- Country -	~~ Zip		~Country-		egired \square			
6. Name and Address of Current Registered Agent			Namo	7. Name and Address of New Registered Agent				
TANKO, THOMAS M								
		Street Addres		dress (P.O. Box Number is Not Acc	eptable)			
								
7 1 2 02004			City			T 7in Coc	lo .	
	<u> </u>	 						
named entity submits this statement ions of registered agent.	t for the purp	oose of changing its	registered office or i	egistered agent, or both, in the Stat	te of Florida. I am ta	amiliar with,	and accept	
Signature, typed or printed name of registered ag	ent and title if app	oficable. (NOT)	E: Registered Agent signature	e 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					• • •		00 May Be d to Fees	
		1 11	ADDITIONS/CHANGES I	O OFFICERS AND	DIRECTOR	POINT 11		
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	NKO NTRIDGE PL 32835 Place of Business #, etc. e Country = 6. Name and Address of Curre THOMAS M ASANTRIDGE PL 0 FL 32835 named entity submits this statementions of registered agent. Signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. May 1, 2003 Fee will be \$550.00 or May 1, 2003 Fee will be \$550.00 or Payable to Florida Department	NKO C/O NTRIDGE PL 1355 32835 ORL Place of Business 3. Ma #, etc. Sui # e City Country Zip 6. Name and Address of Current Register THOMAS M ASANTRIDGE PL D FL 32835 named entity submits this statement for the purplions of registered agent. Signature, typed or printed name of registered agent and title if applications of the purplions of registered agent. Signature, typed or printed name of registered agent and title if applications of the purplions of registered agent.	C/O T.M. TANKO NTRIDGE PL 32835 Place of Business 3. Mailing Address #, etc. City & State Country = Zip - Zip	NKO NTRIDGE PL 32835 CRLANDO FL 32835 CRLANDO FL 32835 A Mailing Address City & State Country Country A Street Address of Current Registered Agent Name A SANTRIDGE PL O FL 32835 City Inamed entity submits this statement for the purpose of changing its registered office or rions of registered agent. Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature) A May 1, 2003 Fee will be \$550.00 A May 1, 2003 Fee will be \$550.00 A Payable to Florida Department of State	NKO NTRIDGE PL 32835 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country = Zip - Country - S. Certificate of Status De 6. Name and Address of Current Registered Agent THOMAS M ASANTRIDGE PL OF L 32835 City Street Address (P.O. Box Number is Not Acc City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stations of registered agent. Signature, typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating) ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Cayayable to Florida Department of State	NKO NTRIDGE PL 32835 ORLANDO FL 32835 Pleasantridge PL 32835 ORLANDO FL 32835 Pleasantridge PL 32835 ORLANDO FL 32835 ORLANDO FL 32835 Pleasantridge PL ORLANDO FL 32835 ORLANDO FL 32835 CHECK HERE IF MAKING COUNTRY COUNTRY COUNTRY COUNTRY S. Certificate of Status Desired Name CHOMAS M ASANTRIDGE PL OFL 32835 City City FL Country City FL City FL Country Street Address (P.O. Box Number is Not Acceptable) City FL City FL Country City FL City City FL City FL	NKO NTRIDGE PL 32835 ORLANDO FL 32835 Place of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country = Zip - Country - Country - St. Certificate of Status Desired St.75-Age Require 6. Name and Address of Current Registered Agent Name CHOMAS M ASANTRIDGE PL OF L 32835 City City City FL Zip Coc City State - Country - St. Certificate of Status Desired St.75-Agent St.75-Agent Status Desired St.75-Agent St.	

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.