## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#** 

P02000047697

## FILED Jun 03, 2003 8:00 am Secretary of State

05-01-2003 90793 003 \*\*\*150.00

1. Entity Name TAMMY BOMMARITO, INC.						<b>3304601</b>	,	
Principal Pla- 133 DOE TR/ JUPITER FL		Mailing Address 133 DOE TRAIL JUPITER FL 33469						
Principal Place of Business     Mailing Address								
133 DOC Tr. Suite, Apt. #, etc.		133 DOC T/ Suite, Apt. #, etc		_				
City & Sta		City & State		CHECK HERE IF MAKING CHANGES				
Jupiter, Fla		Julier, F.			4. FEI Number 300092587		Applied For Not Applicable	₫.
zip 334	158 Palmistach	zip 33458	Country PalmBe	acn_	5. Certificate of Status Desired	S8.75 A	dditional red	
	6. Name and Address of Current			7. Name and Address of New Registered Agent				
BASS, DON					Same			
7166 S.E. OSPREY STREET			Street	Address (P.O. Box Number is Not Acceptable)				
,	OUND FL 33455	/ -	`		· · · · · · · · · · · · · · · · · · ·	<u> </u>		1
			City			E1 Zip Co		4
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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.								
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SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent sign	nature required v	when reinstating)	CATE		
Stignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  CATE  FILE NOW!!! FEE IS \$150.00								1
Afte			<ol> <li>Election Campaign Finance</li> <li>Trust Fund Contribution</li> </ol>		00 May Be ed to Fees			
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFI	CCDC AND DIDECTO	DC IV. 11	-
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NAME	BOMMARITO, TAMMY		NAME	1				(10/02)
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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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SATURE AND TYPED AR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/26/03 561-746-9197

Daytime Phone #