

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91778 022 \*\*\*150.00

DOCUMENT # **P02000096340**

1. Entity Name

**TARPON PLACE CORP.**



**DO NOT WRITE IN THIS SPACE**

**11041165**

2. Principal Place of Business

**6550 North Federal Highway**

3. Mailing Address

**c/o Gruber and Associates, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 522**

**6550 North Federal Highway #522**

City & State

City & State

**Fort Lauderdale FL**

**Fort Lauderdale FL**

Zip

Country

Zip

Country

**33308-1404 USA**

**USA**

**33308-1404**

**USA**

4. FEI Number

**56-2350175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Adrian M. Custer**

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

**604 Lake Avenue**

City

**LAKE WORTH**

**FL**

Zip Code

**33460**

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

*Adrian M. Custer*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/2003**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **VP**  
NAME **Adrian M. Custer**  
STREET ADDRESS **604 Lake Avenue**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **OP**  
NAME **Andrew J. Ziffer**  
STREET ADDRESS **P.O. Box 2250**  
CITY-ST-ZIP **Fort Lauderdale FL 33301**

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Adrian M. Custer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03**

Date

**954 522-2222**

Daytime Phone #

CR2E034B (12/02)