

2001 UNIFORM BUSINESS REPORT (UBR)

7/3

FILED
Aug 13, 2001 8:00 am
Secretary of State

07-31-2001 90007 047 ***150.00

DOCUMENT # **P34110**

1. Entity Name
TAC Diamond and Jewelry Bookstore - INC.

Principal Place of Business
15207 N Dale Mabry
Tampa FL 33618

Mailing Address
15207 N Dale Mabry
Tampa FL 33618
VS

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3756839

Applied For

Not Applicable

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

Epstein, Adam N
8649 N Himes Suite 1218
Tampa FL 33614

Name

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

Suite 1218

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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
				<input type="checkbox"/>
TITLE	PRESIDENT			<input type="checkbox"/>
NAME	ADAM EPSTEIN			<input type="checkbox"/>
STREET ADDRESS	8649 N Himes			<input type="checkbox"/>
CITY - ST - ZIP	TAMPA FL 33614			<input type="checkbox"/>
TITLE	SECY			<input type="checkbox"/>
NAME	EPSTEIN			<input type="checkbox"/>
STREET ADDRESS	6135 SAVOY CBL			<input type="checkbox"/>
CITY - ST - ZIP	LUTZ FL 33558			<input type="checkbox"/>
TITLE				<input type="checkbox"/>
NAME				<input type="checkbox"/>
STREET ADDRESS				<input type="checkbox"/>
CITY - ST - ZIP				<input type="checkbox"/>
TITLE				<input type="checkbox"/>
NAME				<input type="checkbox"/>
STREET ADDRESS				<input type="checkbox"/>
CITY - ST - ZIP				<input type="checkbox"/>

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

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:

ADAM EPSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/01

813 962 8555

CR2E034 (11/00)