

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057420

1. Entity Name
T.A.C. ENTERPRISES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90019 014 ***150.00

Principal Place of Business: C/O PAPA JOHN'S PIZZA
38-C BLANDING BLVD.
ORANGE PARK FL 32073

Mailing Address: 560 GOLDEN LINKS DR
ORANGE PARK FL 32073
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number **62-1542145**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	TSATAROS, NICK	7885 TIMBERLIN PARK BLVD	JACKSONVILLE FL 32258	
	V			
	GILBERT, DON	101 FAIRWAY OAKS DR	ORANGE PARK FL	
	TS			
	OAKES, MAURICE	560 GOLDEN LINKS DR	ORANGE PARK FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
			32003		
			32073		

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: Maurice Oakes MAURICE OAKES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01 904-272-6469
Date Daytime Phone #

CR2E034 (10/00)