FILED

2002 UNIFORM BUSINESS REPORT (URR)

Principal Pace of Business Hotol ModRes OR LARGO FL 3778-109 U.S 2. Principal Pace of Business Hotol ModRes OR LARGO FL 3778-109 U.S 3. Malling Address \$1,000 FL 3778-109 W.S 4. TETHANDOR \$1,000 Fl 3778-109 W.S \$1,000	DOCUMENT # P94000012680 1. Entity Name TARKENTON ENTERPRISES, INC.							Feb 18, 2002 8:00 am Secretary of State 02-18-2002 90137 016 ***150.00				
LARGO FL 3776-109 US 2. Principal Pace of Business ##5/11 V/577A LARKE 3. April 4 Poly 5 State Cry 4 State Cry 4 State Cry 5 State Cry 6 State Cry 7 State Cry 8				Mailing Address				02-18-200	J2 9013 / 016 ·	130	0.00	
Suite Act # etc. Suite Act #	LARGO FL 33776-1109 LARGO FL 33776-109							f 3010)017 317 (011) 01811 08114	EBINI BENIK BD184 NIB(B 1	(818 61484	ISIN BON IDDA	
Applied For	2. Principal P 4/5//	Place of Busi	ness TA LANE		TA L	ANE	-					
City A State Country Ap 3774 Country	Suite, Apt.	#, etc.						DO NOT WRITE IN THIS SPACE				
TARKENTON, WILLIAM TODD TYPELLAS PARK FL 33848 8. The above named entity submits this statement for the purpose of changing its registered diene or registered agent, or both, in the State of Florida. SIGNATURE STORY A PARK FL 33848 City LARGO FL ZD Code; 74 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 Signature, typed or printed name or registered agent and the flagoMetable (nOTE Registered Agent agrees agent and the flagoMetable (nOTE Registered Agent agrees registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name or registered agent and the flagoMetable (nOTE Registered Agent agrees agent and the State of Florida. SIGNATURE Signature, typed or printed name or registered agent and the flagoMetable (nOTE Registered Agent agrees registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name or registered agent and the flagoMetable (nOTE Registered Agent agrees agent and the State of Florida. After May 1, 2002 Fee will be \$\$50.00 Make Check Payable to Department of State Trust Fund Corribution. DEPART Fund Corribution. STORY Fund Agent agrees agent and the flagoMetable (note Registered Agent agrees) Trust Fund Corribution. STORY Fund Agent agrees agent age			-L	City & State - LARGO P	City & State LARGO FL			- 5U-323(81U)				
TARKENTON, WILLIAM TODD 5721 69TH AVE NORTH PINELIAS PARK FL 33646 City LARSO FL Zip Code 4/5/1/ STA LANS 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 9. This corporation is eligible to seatisfy its intangible Tarking requirement and elects to do so. After May 1, 2002 Fee will be \$\$50.00 After May 1, 2002 Fee will be \$\$5	3377-		U.5	33774	Cour	US.			fee Fee	Require		
Stroot Address (P.O. Box Number is Not. Acceptable) Stroot Address (P.O. Box Number is Not. Acceptable) Stroot Address (P.O. Box Number is Not. Acceptable) City L. R. B. 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 types or printed name or legistered agent and the registerable. (NOTE Repaired Agent algresses regarded who rendstang) After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11.		6. Name	and Address of Curren	t Registered Agent		Name				-		
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 Special to Upper or printed name of registered agent and late if applicable AUDIE Registered Agent signature registered agent, or both, in the State of Florida. SIGNATURE Special to Upper or printed name of registered agent and late if applicable AUDIE Registered Agent signature registered agent, or both, in the State of Florida. SIGNATURE Special to Upper or printed name of registered agent and late if applicable AUDIE Registered Agent signature registered agent, or both, in the State of Florida. SIGNATURE Special to Upper or printed name of registered agent and late if applicable AUDIE Registered Agent signature registered agent, or both, in the State of Florida. SIGNATURE Special to Upper or printed name of registered agent and late if applicable AUDIE REGISTATION of the State of Florida agent, or both, in the State of Florida. SIGNATURE Special to Upper or printed name of registered agent, or both, in the State of Florida. SIGNATURE Special to Upper or printed name of registered agent, or both, in the State of Florida. SIGNATURE Special to Upper or printed name of registered agent, or both, in the State of Florida. SIGNATURE Special to Upper or printed agent and the if applicable Audie to Page of Page or Page of Page or Page o	5721 66Th	H AVE NOF	TTH									
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 puried name of registered agent and the if applicable. (NOTE Registered Agent segment registered agent, or both, in the State of Florida. PATE Signature typed or puried name of registered agent and late if applicable. (NOTE Registered Agent segment registered agent, or both, in the State of Florida. Signature typed or puried name of registered agent and late if applicable. (NOTE Registered Agent segment registered agent, or both, in the State of Florida. PATE Signature typed or puried name of registered agent and late if applicable. (NOTE Registered Agent segment registered agent, or both, in the State of Florida. Signature typed or puried name of registered agent. PATE Signature typed or puried name of registered agent and late if applicable. PATE Signature typed or puried name of registered agent and late if applicable. PATE Signature typed or puried name of registered agent and late if applicable. PATE Signature typed or puried name of registered agent and late if applicable. PATE Signature typed or puried name of registered agent and late it is applicable. PATE Signature typed or puried name of registered agent and late is applicable. PATE Signature typed or puried name of registered agent and late is applicable. PATE Signature typed or puried name of registered agent and late is applicable. PATE Signature typed or puried name of registered agent and late is a puried. Signature many and registered agent and late is applicable. PATE Signature typed or puried name or applicable. Signature name of registered agent and late is a puried. Signature name or applicable. Signature name or	e e e e e e e e e e e e e e e e e e e					City LARSO FL Zip C					e 74	
TARKENTON, EDWARD L 14404 MOORING DRIVE LARGO FL 33776 TITLE MAME STREET ADDRESS CITY-ST-ZIP TARKENTON, WILLIAM TODD TODD TODD TODD TODD TODD TODD TODD	9. This corpo Tax filing r (See criter	oration is elig	ible to satisfy its Intangible and elects to do so.	FILE NOW! After May 1, 20 Make Check Payab	!!! FEE 02 Fee ole to D	IS \$150. will be \$5	00 550.00 t of State	10. Election Campaign F Trust Fund Contribut	Financing tion.	Added	d to Fees	
TARKENTON, WILLIAM TODD STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME STREET ADDRESS	TARKENTO 14404 MC	ORING DRIVE	☐ Delete	NAM STRE	E Et address				Change	☐ Addition	
ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address	TARKENTO 5721 66TH	I AVE NORTH		NAM STRE	E ET ADDRESS	PST TARI 4151	D KENTON, WILL I VISTA LANG 50 FL. 33774	IAM TOD. = 4 -	Change	☐ Addition	
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■ VIII-31-4IF	NAME			☐ Delete	NAMI STRE	E Et address		7-4.0 to-ma		Change	☐ Addition	

13. Thereby certify that the information supplied with this filling does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #