

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90137 016 \*\*\*150.00

MAA117 AV

**DOCUMENT # P94000012680**

**1. Entity Name**  
**TARKENTON ENTERPRISES, INC.**

**Principal Place of Business**

**14404 MOORING DR.**  
**LARGO FL 33776-1109**  
**US**

**Mailing Address**

**14404 MOORING DR.**  
**LARGO FL 33776-109**  
**US**

**2. Principal Place of Business**

**41511 VISTA LANE**

**3. Mailing Address**

**41511 VISTA LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**LARGO FL**

City & State

**LARGO FL**

City & State

**LARGO FL**

Zip

Country

**33774**

**US**

Zip

Country

**33774**

**US**



DO NOT WRITE IN THIS SPACE

**4. FEI Number 59-3230091**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TARKENTON, WILLIAM TODD**  
**5721 66TH AVE NORTH**  
**PINELLAS PARK FL 33646**

**7. Name and Address of New Registered Agent**

Name **TARKENTON, WILLIAM TODD**

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

**41511 VISTA LANE**

City **LARGO**

**FL**

Zip Code **33774**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
 NAME **VPD**  
 STREET ADDRESS **TARKENTON, EDWARD L**  
 CITY-ST-ZIP **14404 MOORING DRIVE**  
**LARGO FL 33776**

TITLE ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **TARKENTON, WILLIAM TODD**  
 CITY-ST-ZIP **5721 66TH AVE NORTH**  
**PINELLAS PARK FL 33646**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **PSTD**  
 STREET ADDRESS **TARKENTON, WILLIAM TODD**  
 CITY-ST-ZIP **41511 VISTA LANE**  
**LARGO FL 33774**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**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.**

**WILLIAM TODD TARKENTON**

**SIGNATURE:**

*William Todd Tarkenton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-02 127-595-2896**

Date

Daytime Phone #

CR2E034 (9/01)