

FOR PROFIT CORPORATION**2003 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 15, 2003 8:00 am**
Secretary of State

04-15-2003 90112 048 ***150.00

DOCUMENT # P94000012680

1. Entity Name

TARKENTON ENTERPRISES INC.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

41511 VISTA LANE

Suite, Apt. #, etc.

3. Mailing Address

41511 VISTA LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO, FLORIDA

City & State

LARGO, FLORIDA

4. FEI Number

59-3230091

Applied For

Not Applicable

Zip

33774

Country

USA

Zip

33774

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **TARKENTON, WILLIAM TODD**

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

41511 VISTA LANECity **LARGO****FL**

Zip Code

33774**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
TARKENTON, EDWARD L.
14404 MOORING DRIVE
LARGO, FLORIDA 33776**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
TARKENTON, WILLIAM TODD
41511 VISTA LANE
LARGO, FLORIDA 33774**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP**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.

WILLIAM TODD TARKENTON

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-03 (727) 595-2896

Date

Daytime Phone #

CR2E034B (12/02)