

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043142

1. Entity Name

T-MAR TRADING, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90002 049 ***150.00

Principal Place of Business

Mailing Address

1111 N. WESTSHORE BLVD.
SUITE 512
TAMPA FL 33607-4713

1111 N. WESTSHORE BLVD.
SUITE 512
TAMPA FL 33607-2273

2. Principal Place of Business

2700 N. MACDILL AVE.

3. Mailing Address

2700 N. MACDILL AVE.

Suite, Apt. #, etc.

SUITE 215

Suite, Apt. #, etc.

SUITE 215

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3247791

Applied For

Not Applicable

Zip

33607

Country

HILLSBOROUGH

Zip

33607

Country

HILLSBOROUGH

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

MARRIOTT, THOMAS E
1111 N. WESTSHORE BLVD.
SUITE 512
TAMPA FL 33607

Name

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

2700 N. MACDILL AVE.

SUITE 215

City

TAMPA

FL

Zip Code

33607

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MARRIOTT, THOMAS E	
STREET ADDRESS	1111 N. WESTSHORE BLVD., SUITE 512	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIPKIN, LINDA B	
STREET ADDRESS	1111 N. WESTSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2700 N. MACDILL AVE., SUITE 215
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2700 N. MACDILL AVE., SUITE 215
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

THOMAS E. MARRIOTT Thomas E. MARRIOTT ✓ 4-27-00 ✓ 813-3548584

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)