

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90060 020 \*\*\*150.00

**DOCUMENT # P94000043142**

1. Entity Name  
**T-MAR TRADING, INC.**

Principal Place of Business  
**2700 N MACDILL AVE**  
**STE 215**  
**TAMPA FL 33607**

Mailing Address  
**2700 N MACDILL AVE**  
**STE 215**  
**TAMPA FL 33607**

2. Principal Place of Business  
**561 Rhine Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**561 Rhine Ave**  
 Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

4. FEI Number **59-3247791**

Applied For  
 Not Applicable

Zip **33606** Country **USA**

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

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

**MARRIOTT, THOMAS E**  
**2700 N MACDILL AVE**  
**STE 215**  
**TAMPA FL 33607**

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

Name

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

**561 Rhine Ave**

City

**Tampa**

**FL**

Zip Code

**33606**

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 **TL E. M. H. Thomas E. Marriott Pres.**  
 Signature, typed or printed name of registered agent and title if applicable.

**4-25-01**  
 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	PD	<input type="checkbox"/> Delete
NAME	MARRIOTT, THOMAS E	
STREET ADDRESS	2700 N MACDILL AVE STE 215	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIPKIN, LINDA B	
STREET ADDRESS	2700 N MACDILL AVE STE 215	
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		

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

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>561 Rhine Ave</b>
CITY-ST-ZIP	<b>Tampa, FL 33606</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>561 Rhine Ave</b>
CITY-ST-ZIP	<b>Tampa, FL 33606</b>
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: **TL E. M. H. Thomas E. Marriott**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-01** **813-2516342**  
 Date Daytime Phone #

CR2E034 (10/00)