

2000 UNIFORM BUSINESS REPORT (UBR)

8/3/00-90040-040-\$150.00-\$150.00

APPROVED
AND
FILED

DOCUMENT # P94000063955

1. Entity Name

TARPON MART, INC.

00 OCT -4 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1001 E TARPON AVE
TARPON SPRINGS FL 34689

Mailing Address

721 BELTED KINGFISHER DR
PALM HARBOR FL 34683-6261

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2664218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BITETZAKIS, JOHN
1001 TARPON AVE
TARPON SPRINGS FL 33689

7. Name and Address of New Registered Agent

Name

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

1001 E TARPON AVE
TARPON SPRINGS

City

FL

Zip Code

34689

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BITETZAKIS, PAULINE
CITY-ST-ZIP 721 BELTED KINGFISHER DR N
PALM HARBOR FL 34683

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

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

202

10/14/00

to whom it may concern

ON The corporations with the name

FINAL STOP FOOD SHOP INC.

IGPC PROPERTIES CORP

TARPON MART INC.

I did not receive the removal form on time. when i did get it i send 150.00 right away. on Aug. 24th i received a rejection notice and i called the Dep. of state. I was told to send a letter explaining that i did not get it on time and that the penalty will be waived I did send the letter on 8/24/00. I know that by now it should be paid or I will pay a late fee

THANK YOU

John B. [Signature]