

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000085074

1. Entity Name

TARAX ENTERPRISES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90138 010 ***150.00

Principal Place of Business

316 W 11TH ST.
PANAMA CITY FL 32401
US

Mailing Address

316 W. 11TH ST.
PANAMA CITY FL 32401-2457
US

2. Principal Place of Business

2352 Lisenby AVE
Suite, Apt. #, etc.

3. Mailing Address

2352 Lisenby AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PANAMA City, Florida

Zip Country
32405 Bay

City & State
PANAMA City, FL 32405

Zip Country
32405 Bay

4. FEI Number 59-3277380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

XYDIAS, AMY
316 W 11 ST
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Amy L. Xydias Amy L. Xydias 1-19-00
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 | P | <input type="checkbox"/> Delete |
| NAME | XYDIAS, AMY | |
| STREET ADDRESS | 7 HARVARD CIR | |
| CITY-ST-ZIP | PANAMA CITY FL 32405 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | XYDIAS, TED | |
| STREET ADDRESS | 7 HARVARD CIR | |
| CITY-ST-ZIP | PANAMA CITY FL 32405 | |
| 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 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 |
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| 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 | |

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: Amy L. Xydias Amy L. Xydias 1-19-00 913-0225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)