

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 22, 2004 08:00 AM  
Secretary of State

DOCUMENT # P94000093848

1. Entity Name

TAMARAC BUSINESS CENTER, INC.



Principal Place of Business

2005 W. CYPRESS CREEK RD.  
SUITE 202  
FT. LAUDERDALE, FL 33309 US

Mailing Address

2005 W. CYPRESS CREEK RD.  
SUITE 202  
FT. LAUDERDALE, FL 33309 US



04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0559515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, MICHELLE  
150 W FLAGLER ST  
2200 MUSEUM TOWER  
MIAMI, FL 33130

**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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUTTERS, NATHAN
STREET ADDRESS	2005 W. CYPRESS CREEK RD., SUITE 202
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	D
NAME	BUTTERS, SAMUEL
STREET ADDRESS	2005 W. CYPRESS CREEK RD., SUITE 202
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000125148  
04/22/04-80072-015 150.00

**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)(f), 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 Block 11 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

4/19/04

Date

954-771-5058

Daytime Phone #