

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90339 030 ***150.00

DOCUMENT # P95000029669

1. Entity Name
TARQUA HOLDINGS, INC.



Principal Place of Business
**10625 FIRST STREET EAST
TREASURE ISLAND FL 33706**

Mailing Address
**10625 FIRST STREET EAST
TEASURE ISLAND FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0573668**

Applied For
Not Applicable

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

**HUGHES, JOHN ROY
10625 FIRST STREET EAST
TRASURE ISLAND FL 33706**

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **HUGHES, ROY**
STREET ADDRESS **3680 BELLE VISTD DR**
CITY-ST-ZIP **ST PETERSBURG BEACH FL 33706**

TITLE **P** ☒ Change ☐ Addition
NAME **HUGHES ROY**
STREET ADDRESS **5505 PUERTA DEL SOL BLVD. #230**
CITY-ST-ZIP **ST. PETERSBURG FL 33715**

TITLE **DVPS** ☒ Delete
NAME **HUGHES, JEAN**
STREET ADDRESS **3680 BELLE VISTA DR**
CITY-ST-ZIP **ST PETERSBURG BEACH FL 33706**

TITLE **DVPS** ☒ Change ☐ Addition
NAME **HUGHES JEAN**
STREET ADDRESS **5505 PUERTA DEL SOL BLVD, #230**
CITY-ST-ZIP **ST. PETERSBURG, FL 33715**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03

(727) 367 0011

Date

Daytime Phone #

CR2E034 (10/02)