

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90053 018 \*\*\*150.00

**DOCUMENT # P95000042210**

**1. Entity Name**  
**THREE GIRLS, INC.**

**Principal Place of Business**

**118 HIBISCUS DR  
 PUNTA GORDA FL 33950  
 US**

**Mailing Address**

**118 HIBISCUS DR  
 PUNTA GORDA FL 33950  
 US**



**2. Principal Place of Business**

**2821 MARLIN PLACE**

**3. Mailing Address**

**PO BOX 510485**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**PUNTA GORDA, FL**

**City & State**  
**PUNTA GORDA FL**

**4. FEI Number**  
**22-3388770**

**Applied For**  
☐ **Not Applicable**

**Zip**  
**33950**

**Country**  
**CHARLOTTE**

**Zip**  
**33951**

**Country**  
**CHARLOTTE**

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

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

**TAMBASCO, ERNEST  
 118 HIBISCUS DR.  
 PUNTA GORDA FL 33950**

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

**Name**  
**ERNEST TAMBASCO**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2821 MARLIN PLACE**  
**PUNTA GORDA**  
**FL** **Zip Code**  
**33950**

**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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-11-02**

**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, 2002 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**  
**D**  
**NAME**  
**TAMBASCO, ERNEST**  
**STREET ADDRESS**  
**118 HIBISCUS DR**  
**CITY-ST-ZIP**  
**PUNTA GORDA FL 33450** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

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

**TITLE**  
**OWNER**  
**NAME**  
**ERNEST TAMBASCO**  
**STREET ADDRESS**  
**2821 MARLIN PLACE**  
**CITY-ST-ZIP**  
**PUNTA GORDA, FL 33950** ☒ Change ☐ Addition

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

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

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

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

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

CR2E034 (9/01)

**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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02 941 628 2429**  
 Date Daytime Phone #