

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90034 006 ***150.00

DOCUMENT # <u>P95000072172</u>			
1. Entity Name <u>TAMCO ASSOCIATES, INC.</u>			
Principal Place of Business <u>7040 W. PALMETTO PK RD. #4</u> <u>PMB 375</u> <u>BOCA RATON, FL 33433</u>		Mailing Address <u>SAME</u>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <u>65-0616364</u>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<u>MAURER, JANE E.</u> <u>1489 W. PALMETTO PK RD SUITE 440</u> <u>BOCA RATON, FL 33431</u>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>4-17-01</u> <small>DATE</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>	
		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TAMACCIO, ANTHONY V.</u> <input type="checkbox"/> Delete <u>17873 FIELOBBROOK CIRCLE</u> <u>BOCA RATON, FL 33496</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TAMACCIO, Michael A.</u> <input type="checkbox"/> Delete <u>17873 FIELOBBROOK CIRCLE</u> <u>BOCA RATON, FL 33496</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-17-01</u> <u>561-750-1103</u> <small>Date Daytime Phone #</small>	

CR2E034 (1/1/00)