

2000 UNIFORM BUSINESS REPORT (UBR)

091100

DOCUMENT # P95000076514

1. Entity Name
TERESA M. TUTTLE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 SEP 25 AM 7:58

Principal Place of Business
COMPASS PT APT
1201 SEMINOLD BLVD BLD 59 #535
LARGO FL 34640
US

Mailing Address
P O BOX 5355
LARGO FL 34649
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
6/22/00 90001 038 #150
4. FEI Number 59-3336092
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

TUTTLE, TERESA
519 8TH AVE NE
LARGO FL 34640

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D TUTTLE, TERESA M
519 8TH AVE NE
LARGO FL 34640 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00
Date

727-5601109
Daytime Phone #

CR2E034 (5/00)

2082

DIVISION of CORPORATIONS

PS0000576514

I ALREADY paid CORPORATION fee

I included a copy of the check

~~I tried to call but the number~~
on the form isn't working NO, then
I tried to phone was 850-488-9000

I SENT you another Un. form buss report
IN CASE the other one was lost.

RECEIVED

DATE

TIME

THANK you

TERESA m TUTTLE

727- 517-2730 home

727- 560 1109 CELL

727- 462 0768 pager

PO BOX 5355

LARGO FLA 33719

RECEIVED

DATE

TIME

PS0000576514