

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90214 015 ***150.00

DOCUMENT # P95000080700



1. Entity Name
TANGOS OF VERO BEACH, INC.

Principal Place of Business
925 BOUGAINVILLE LANE
VERO BEACH FL 32963
US

Mailing Address
925 BOUGAINVILLE LN
VERO BCH FL 32963
US

2. Principal Place of Business
3001 Ocean Drive
Suite, Apt. #, etc.
Suite 107

3. Mailing Address
3001 Ocean Drive
Suite, Apt. #, etc.
Suite 107

City & State
Vero Beach, Florida
Zip **32963** Country **USA**

City & State
Vero Beach, Florida
Zip **32963** Country **USA**



☒ **CHECK HERE IF MAKING CHANGES**
we've moved

4. FEI Number **65-0634222**

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

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

6. Name and Address of Current Registered Agent

TENCH, BEN S JR
1921 W BAREFOOT PL
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	TENCH, BEN S
STREET ADDRESS	1921 W BAREFOOT PLACE
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	D <input type="checkbox"/> Delete
NAME	TENCH, JILL R
STREET ADDRESS	1921 W BAREFOOT PLACE
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/03

231-1550

CR2E034 (10/02)