

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001829

1. Entity Name

T & D GOLF WAREHOUSE INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90076 040 ***158.75

Principal Place of Business

Mailing Address

T+D. GOLF WAREHOUSE
4205 West WATERS AVE.
TAMPA, FL 33614 TAMPA, FL 33614

2. Principal Place of Business

4205 W. WATERS AVE.

3. Mailing Address

SAME AS PRINCIPAL PLACE

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

TAMPA, Florida

City & State

4. FEI Number

59-3382328

Applied For

Not Applicable

Zip

33614

Country

Hills.

Zip

Country

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

CORNELIUS, JUDITH
2005 PAN AM CIR., STE. 500
TAMPA FL 33607

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SMITH, MARJORIE	12624 CASTLEHILL DR.	TAMPA FL 33624						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24 2001 813 814-0660

CR2E034 (10/00)