

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010325

1. Entity Name

TREMOLO, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90039 008 ***150.00

Principal Place of Business

Mailing Address

1506 54TH AVE., N.
 ST. PETERSBURG FL 33714

1506 54TH AVE., N.
 ST. PETERSBURG FL 33703-2645
 US

2. Principal Place of Business

3. Mailing Address

1506 54th Ave N

1506 54th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#6

#6

City & State

City & State

ST. Petersburg FL

St. Petersburg FL

Zip

Country

Zip

Country

33714

U.S.A.

33714

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHROEDER, KURT A
 1002 OLD MILL POND ROAD
 PALM HARBOR FL 34683

Name

Kurt A. Schroeder

Street Address (P.O. Box Number is Not Acceptable)

1506 54th Ave. N. #6

City

St Petersburg

FL

Zip Code

33714

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, 2000 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 **P** ☐ Delete
 NAME **SCHROEDER KURT A**
 STREET ADDRESS **1002 OLD MILL POND RD**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **P** ☒ Change ☐ Addition
 NAME **Schroeder, Kurt A.**
 STREET ADDRESS **1506 54th Ave N. #6**
 CITY-ST-ZIP **St. Petersburg FL 33714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Kurt Schroeder

Date

4-28-2000

Daytime Phone #

727 525 1674

CR2E034 (9/99)