

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050935

1. Entity Name

TASCOMORA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90039 007 ***158.75

Principal Place of Business

Mailing Address

HIGHLAND SPRINGS
 401 EAST SHORE DR.
 CLEARWATER FL 34630
 US

HIGHLAND SPRINGS
 401 EAST SHORE DR.
 CLEARWATER FL 33767-2028
 US

00045494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CLEARWATER BEACH

3. Mailing Address

P.T. MAGUIRE

Suite, Apt. #, etc.

401 EAST SHORE DR

Suite, Apt. #, etc.

1253 PARK ST.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-3386032

Applied For

Not Applicable

Zip

Country

33767

Zip

Country

33756

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGUIRE, PATRICK T
 401 EAST SHORE DR.
 SUITE 502
 CLEARWATER FL 34630

Name

PATRICK T. MAGUIRE

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

1253 PARK ST.

City

CLEARWATER

FL

Zip Code

33756

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] PATRICK T. MAGUIRE R.A. 4/17/00

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 NAME P/D IAIN MCGHIE ☐ Delete
 STREET ADDRESS 401 EAST SHORE DR.
 CITY-ST-ZIP CLEARWATER BCH FL

TITLE NAME V.P.S.T. D PATRICK T. MAGUIRE ☐ Change ☒ Addition
 STREET ADDRESS 1253 PARK ST
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE NAME ST MS MCGHIE ☒ Delete
 STREET ADDRESS 401 EAST SHORE DR.
 CITY-ST-ZIP CLEARWATER FL

TITLE NAME D GAIL MAGUIRE ☐ Change ☒ Addition
 STREET ADDRESS 111 SUNSHINE CT.
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
 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

Date

Daytime Phone #

4/25/00 442-3838

CR2E034 (9/99)