

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90006 023 ***150.00

DOCUMENT # P96000082225

1. Entity Name
TENDLER ASSOCIATES, INC.

R.

Principal Place of Business Mailing Address
550 BOWSPRIT LN **5550 BOWSPRIT LN**
LONGBOAT KEY FL 34228 **LONGBOAT KEY FL 34228**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0705535** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TENDLER, SETH
5550 BOWSPRIT LN
LONGBOAT KEY FL 34228

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 TENDLER, SETH 5550 BOWSPRIT LN LONGBOAT KEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 7-10-00 941-383-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment
P# P9600082005
D0070344

Tendler Associates
Certified Public Accountants
550 Bowsprit Lane
Longboat Key, Florida 34228
Tel: 941-383-0501
Fax: 941-383-6407

July 10, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sirs,

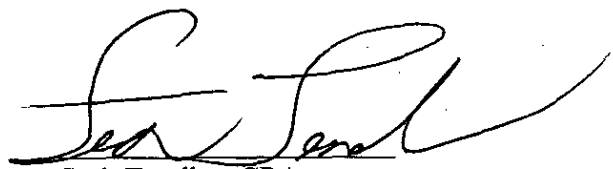
I am a CPA and have had a Florida corporation since 1996.

My account has always been current. This year I did not received your first request for my annual report.

Please accept my filing fee of \$ 150.- and kindly eliminate the late filing penalty as I did not receive the original request for same.

Thanking you in advance for your cooperation.

Very truly yours,



Seth Tendler, CPA