

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2000 90121 017 ***150.00

C0084250



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000083015

1. Entity Name
TAILS-A-WAGON, INC.

Principal Place of Business 1333 MAYBURY DR FL 34691	Mailing Address 1333 MAYBURY DR HOLIDAY FL 34690-5812 US
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2. Principal Place of Business 1413 LANDAU ST Suite, Apt. #, etc.	3. Mailing Address 1413 LANDAU ST. Suite, Apt. #, etc.
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City & State HOLIDAY FL	City & State HOLIDAY FL
Zip 34691	Zip 34691
Country	Country

4. FEI Number 59-3414640	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent VICK, JOAN 1333 MAYBURY DR HOLIDAY FL 34691	7. Name and Address of New Registered Agent Name VICK, JOAN Street Address (P.O. Box Number is Not Acceptable) 1413 LANDAU ST City HOLIDAY FL Zip Code 34691
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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 *Joan Vick* **JOAN VICK, PRES** **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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICK, JOAN		NAME	VICK, JOAN	
STREET ADDRESS	1333 MAYBURY DR		STREET ADDRESS	1413 LANDAU ST	
CITY-ST-ZIP	HOLIDAY FL 34691		CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 *Joan Vick* **JOAN VICK, PRES** **DATE** **Daytime Phone #**