

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90083 008 ***150.00

DOCUMENT # P97000003885

1. Entity Name
TAMCO SYSTEMS INC.



Principal Place of Business
**6011 W IDLEWILD AVE
TAMPA FL 33634**

Mailing Address
**6011 W IDLEWILD AVE
TAMPA FL 33634**

2. Principal Place of Business
36839 BYRD LANE
Suite, Apt. #, etc.

3. Mailing Address
36839 BYRD LANE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
DADE CITY FL
Zip
33523 Country
USA

City & State
DADE CITY FL
Zip
33523 Country
USA

4. FEI Number **59-3421035** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HURLEY, RONALD F SR
6011 W IDLEWILD AVE
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name
- SAME NAME -
Street Address (P.O. Box Number is Not Acceptable)
36839 BYRD LANE
City
DADE CITY FL Zip Code
33523

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RONALD F. HURLEY, SR.** *[Signature]* **1-7-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HURLEY, RONALD F 6011 W IDLEWILD AVE TAMPA FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HURLEY, SHELIA J 6011 W IDLEWILD AVE TAMPA FL 33634 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 36839 BYRD LANE DADE CITY FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 36839 BYRD LANE DADE CITY FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-03 352-567-5789

CR2E034 (10/02)