

2001- UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050729

1. Entity Name

TICKER TAPE PARTNERS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90274 037 ***150.00

Principal Place of Business

546 BAY ISLES RD.
LONGBOAT KEY FL 34228

Mailing Address

P.O. BOX 8187
LONGBOAT KEY FL 34228

2. Principal Place of Business

444 Gulf of Mexico Dr.

3. Mailing Address

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

City & State

Longboat Key, FL

City & State

Zip

34228

Country

USA

Zip

Country

4. FEI Number 65-0766137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLLMER, CHARLES J
546 BAY ISLES RD.
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name Vollmer

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

444 Gulf of Mexico Dr. Suite 201

City

Longboat Key

FL

Zip Code

34228

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	VOLLMER, CHARLES J	
STREET ADDRESS	546 BAY ISLES RD	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vollmer, Charles J	
STREET ADDRESS	444 Gulf of Mexico Dr. Suite 201	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

CHARLES J VOLLMER
PRESIDENT

Date

1-18-01

Daytime Phone #

941-3873088

CR2E034 (10/00)