

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057005

1. Entity Name  
T.M.G. MANAGEMENT, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90220 045 \*\*\*150.00

Principal Place of Business

1545 PLEASANT GROVE DR  
DUNEDIN FL 34698

Mailing Address

1545 PLEASANT GROVE DR  
DUNEDIN FL 34698

766106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28163 US HWY 19 N

Suite, Apt. #, etc.

SUITE 211

City & State

CLEARWATER FL

Zip

33761

Country

USA

3. Mailing Address

28163 US HWY 19 N

Suite, Apt. #, etc.

STE 211

City & State

CLEARWATER FL

Zip

33761

Country

USA

4. FEI Number

59-3453564

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIALLOURAKIS, STEPHANIE E  
1545 PLEASANT GROVE DR  
DUNEDIN FL 34698

Name

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

28163 US HWY 19 N SUITE 211

City

CLEARWATER

FL

Zip Code

33761-2696

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **GIALLOURAKIS, STEPHANIE E**  
STREET ADDRESS **1545 PLEASANT GROVE DR**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D, P** ☒ Change ☐ Addition  
NAME **STEPHANIE GIALLOURAKIS**  
STREET ADDRESS **28163 US HWY 19 N #211**  
CITY-ST-ZIP **CLEARWATER FL 33761-2696**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

**STEPHANIE GIALLOURAKIS / PRESIDENT** 2/15/01 727-724-6260

CR2E034 (10/00)