

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057161

1. Entity Name

T.S. BEHRMANN ENTERPRISES, INC.

FILED

Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90499 023 ***150.00

Principal Place of Business

Mailing Address

40347 US 19 NORTH, UNIT 112
TARPON SPRINGS FL 34689

40347 US 19 NORTH, UNIT 112
TARPON SPRINGS FL 34689

00023828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 Driftwood Dr. W.

200 Driftwood Dr. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor FL

City & State

Palm Harbor FL

4. FEI Number

59-3453343

Applied For

Not Applicable

Zip

34683

Country

USA

Zip

34683

Country

USA

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

BEHRMANN, TODD S

40347 US 19 NORTH, UNIT 112
TARPON SPRINGS FL 34689

changed

Name

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

200 Driftwood Dr. W.

City

Palm Harbor

FL

Zip Code

34683

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

3/06/01

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 P ☐ Delete
NAME TODD S BEHRMANN
STREET ADDRESS 1015 MARSH VIEW LN
CITY-ST-ZIP TARPON SPRGS FL 34689

TITLE ☒ Change ☐ Addition
NAME 200 Driftwood Drive W.
STREET ADDRESS Palm Harbor FL 34683
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

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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 reports 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

3/06/2001

Date

Daytime Phone #

CR2E034 (10/00)