

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90268 028 ***150.00

DOCUMENT # P97000091834

1. Entity Name

TRIBAL STYLE, INC.

Principal Place of Business

17625 HANNA ROAD
 LUTZ FL 33549

Mailing Address

17625 HANNA ROAD
 LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3522529**

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

JEFFRIES, DAVID M
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

Name

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

City

FL

Zip Code

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 ☐ Delete
 NAME **PMD**
 STREET ADDRESS **TOMLINSON, JON**
 CITY-ST-ZIP **104 DRUID HILLS RD**
TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
 NAME **P.M.D.**
 STREET ADDRESS **Tomlinson, Jon**
 CITY-ST-ZIP **17625 Hanna Rd, Lutz FL 33549**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TENN, MUGABE**
 CITY-ST-ZIP **104 DRUID HILLS RD**
TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Tenn, Mugabe**
 CITY-ST-ZIP **17625 Hanna Rd Lutz, FL 33549**

TITLE ☐ Delete
 NAME **PMD**
 STREET ADDRESS **TENN, TOKUNGO**
 CITY-ST-ZIP **104 DRUID HILLS RD.**
TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
 NAME **PMD**
 STREET ADDRESS **Tenn, Tokunbo**
 CITY-ST-ZIP **17625 Hanna Rd Lutz, FL 33549**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **THANDINE TENN**
 CITY-ST-ZIP **104 DRUID HILLS RD**
TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Tenn, Thandiwe**
 CITY-ST-ZIP **17625 Hanna Rd Lutz, FL 33549**

TITLE ☐ Delete
 NAME **M**
 STREET ADDRESS **MARCIA TENN**
 CITY-ST-ZIP **104 DRUID HILLS RD**
TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
 NAME **M**
 STREET ADDRESS **Tenn, Marcia**
 CITY-ST-ZIP **17625 Hanna Rd Lutz, FL 33549**

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **MUTHONI TENN**
 CITY-ST-ZIP **104 DRUID HILLS RD**
TEMPLE TERRACE FL 33617

TITLE ☐ Change ☐ Addition
 NAME **C**
 STREET ADDRESS **Tenn, Muthoni**
 CITY-ST-ZIP **17625 Hanna Rd Lutz, FL 33549**

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

3/12/01 (988) 280-0514
 Date Daytime Phone #

CR2E034 (10/00)