

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91230 025 ***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

JEFFRIES, DAVID M
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

7. Name and Address of New Registered Agent

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, 2002 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	PMD	<input type="checkbox"/> Delete
NAME	TOMLINSON, JON	
STREET ADDRESS	17625 HANNA RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	TENN, MUGABE	
STREET ADDRESS	17625 HANNA RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	PMD	<input type="checkbox"/> Delete
NAME	TENN, TOKUNGO	
STREET ADDRESS	17625 HANNA RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	S	<input type="checkbox"/> Delete
NAME	TENN, THANDIWE	
STREET ADDRESS	17625 HANNA RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	M	<input type="checkbox"/> Delete
NAME	TENN, MARCIA	
STREET ADDRESS	17625 HANNA RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	C	<input type="checkbox"/> Delete
NAME	TENN, MUTHONI	
STREET ADDRESS	17625 HANNA RD	
CITY-ST-ZIP	LUTZ FL 33549	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENN, TOKUNGO
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 REQUIRED Tomlinson

Date

Daytime Phone #

CR2E034 (9/01)