

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096207

1. Entity Name

KRYMSKI-TIDMORE MARKETING COMMUNICATIONS, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90030 001 \*\*\*158.75

Principal Place of Business

Mailing Address

8695 COLLEGE PKY STE 300  
 FT MEYERS FL 33919

4905 S. WESTSHORE BLVD  
 TAMPA FL 33611-3329  
 US

2. Principal Place of Business

3. Mailing Address

4905 S. Westshore Blvd.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33629 USA

Country

*mailing address same as principal place of business*



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0796754

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

TIDMORE, SIGRID  
 3809 CORONA ST  
 TAMPA FL 33629

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, 2000 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 PD  
 NAME KYRMSKI, KAREN  
 STREET ADDRESS 8695 COLLEGE PKY STE 300  
 CITY-ST-ZIP FT. MYERS FL 33919 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 8695 COLLEGE PKY, STE 233  
 CITY-ST-ZIP

TITLE STD  
 NAME TIDMORE, SIGRID  
 STREET ADDRESS 4905 S WESTSHORE BLVD  
 CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 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 #

SIGRIDE.TIDMORE 2-18-00 813-835-7727

CR2E034 (9/99)