

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90112 006 ***150.00

DOCUMENT # P97000098848

1. Entity Name
TAMBERS, INC.



Principal Place of Business
6000 B SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH FL 32082
US

Mailing Address
TAMBERS
6000B SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH FL 32082

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
59-3488562

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

LEDFOORD, KEITH R
5721 STRATFORD LN
LAKELAND FL 33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME TAMMY D WILLIAMS
STREET ADDRESS 224 GNARLED OAKS DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VP ☒ Change ☐ Addition
NAME TAMMY D WILLIAMS
STREET ADDRESS 7769 Chipwood Lane
CITY-ST-ZIP Jacksonville, FL 32259

TITLE VP ☐ Delete
NAME AMBER POWERS
STREET ADDRESS 225 GNARLEO OAKS DR
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE VP ☒ Change ☐ Addition
NAME AMBER PINTO
STREET ADDRESS 225 GNARLED OAKS DR
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE P ☐ Delete
NAME DEBRA L BOWLES
STREET ADDRESS 64 LAKE DRIVE
CITY-ST-ZIP PALM BEACH SHORES FL 33404

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

TITLE ST ☐ Delete
NAME LEDFOORD, KEITH R
STREET ADDRESS 5721 STRATFORD LN
CITY-ST-ZIP LAKELAND FL 33813

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Keith R. Ledford, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03
Date

904-710-5052
Daytime Phone #

CR2E034 (10/02)