

DOCUMENT # P97000100815

1. Entity Name

TAVANESE & COMPANY, INC.

Principal Place of Business

1110 DRUID ROAD SOUTH
CLEARWATER FL 33756

Mailing Address

1110 DRUID ROAD SOUTH
UNIT 402
CLEARWATER FL 33756

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1110 Druid Road South

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33756 Pinellas

Country

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90013 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3487503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAVANESE, WALDTRAUT A
1110 DRUID ROAD SOUTH
CLEARWATER FL 33756

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, 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

TITLE PD
NAME TAVANESE, STANLEY F SR
STREET ADDRESS 1110 DRUID ROAD S
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE VSTD
NAME TAVANESE, WALDTRAUT A
STREET ADDRESS 1110 DRUID ROAD S
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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 #

CR2E034 (10/00)