

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90018 022 ***150.00

0641340 AV

DOCUMENT # P97000108369

1. Entity Name

TATH, INC.

Principal Place of Business

1322 SEVEN SPRINGS BLVD
 NEW PORT RICHEY FL 34655

Mailing Address

1322 SEVEN SPRINGS BLVD
 NEW PORT RICHEY FL 34655

2. Principal Place of Business

SAME AS ABOVE
 Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE
 Suite, Apt. #, etc.

DEPARTMENT OF STATE



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3489562

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILHELM, THEO
 1322 SEVEN SPRINGS BLVD
 NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name

NA

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: *NA*

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 WILHELM, THEO
 1322 SEVEN SPRINGS BLVD
 NEW PORT RICHEY FL 34655

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VSD
 O'NEILL, TAMMY
 1322 SEVEN SPRINGS BLVD
 NEW PORT RICHEY FL 34655

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

Theo Wilhelm
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2002 727372-7985

CR2E034 (9/01)