

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
 05-15-2002 90165 025 \*\*\*158.75

0007399 AV

**DOCUMENT # P98000010826**

1. Entity Name  
**TANDEVCO CORP.**

Principal Place of Business

**303 PALM AVE  
 SARASOTA FL 34236  
 US**

Mailing Address

**7800 BAYBERRY ROAD  
 JACKSONVILLE FL 32256  
 US**

2. Principal Place of Business  
**1819 MAIN STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number **65-0813860**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ICARD, MERRILL, CULLIS, TIMM, ET. AL.  
 ATTN: MICHAEL J. FUREN  
 2033 MAIN STREET - SUITE 600  
 SARASOTA FL 34237**

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 **DVTS**  
 NAME **FULLERTON, BOB**  
 STREET ADDRESS **303 PALM AVE**  
 CITY-ST-ZIP **SARASOTA FL 34236** ☐ Delete

TITLE **DP**  
 NAME **CLABAUGH, JAMES**  
 STREET ADDRESS **303 PALM AVE**  
 CITY-ST-ZIP **SARASOTA FL 34236** ☐ Delete

TITLE **V**  
 NAME **GIBSON, CHRISTINE**  
 STREET ADDRESS **303 PALM AVENUE**  
 CITY-ST-ZIP **SARASOTA FL 34236** ☐ Delete

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 **DVTS** ☒ Change ☐ Addition  
 NAME **FULLERTON, BOB**  
 STREET ADDRESS **1819 MAIN STREET, SUITE 200**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **DP** ☒ Change ☐ Addition  
 NAME **CLABAUGH, JAMES**  
 STREET ADDRESS **1819 MAIN STREET, SUITE 200**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **VAS** ☒ Change ☐ Addition  
 NAME **GIBSON, CHRISTINE**  
 STREET ADDRESS **1819 MAIN STREET, SUITE 200**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

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

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

**4/24/02**

Date

Daytime Phone #

CR2E034 (9/01)