

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015299

1. Entity Name
TAMMYS CAR CARE INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90009 043 ***150.00

Principal Place of Business
5157 89 TERRACE NO
PINELLAS PARK FL 33782

Mailing Address
5157 89 TERRACE NO
PINELLAS PARK FL 33782

2. Principal Place of Business
5157 89th Terrace N
Suite, Apt. #, etc.

3. Mailing Address
5157 89th Terrace N
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pinellas Park, FL
Zip
33782
Country
Pinellas

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
COHEE, TAMMY
5157 89 TERRACE NO
PINELLAS PARK FL 33782

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 *Tammy Cohee* 7/12/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D COHEE, TAMMY 5157 89 TERRACE NO PINELLAS PARK FL 33782 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULTON, KENNETH 5157 89 TERRACE NO PINELLAS PARK FL 33782 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Tammy Cohee* 7/12/00 (727) 446-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment
P98000015299
B0103456

JULY 12, 2000

TO WHOM IT MAY CONCERN,

I, TAMMY COHEE OWNER OF TAMMY'S CAR CARE, INC. DID NOT RECEIVE THE FIRST NOTICE FROM THE DEPARTMENT OF STATE FOR THE 2000 UNIFORM BUSINESS REPORT. I CALLED ON JULY 13, 2000 WHEN I RECEIVED THE SECOND AND THE LADY THAT ANSWERED THE PHONE SAID I WOULD NEED TO WRITE A LETTER REGARDING THIS MATTER.

YOUR HELP IN THIS MATTER WILL BE GREATLY APPRECIATED.
IF YOU HAVE ANY QUESTION PLEASE CALL ME AT (727) 446-6511 X19.

SINCERELY,


TAMMY COHEE