

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90024 021 \*\*\*150.00

0643238 AV

**DOCUMENT # P98000020525**

1. Entity Name

**THE RESORT IMPORT CO.**

Principal Place of Business

**14203 VALENTINE TRAIL  
 LARGO FL 33774**

Mailing Address

**14203 VALENTINE TRAIL  
 LARGO FL 33774**

2. Principal Place of Business

**346 Ventura Drive**

Suite, Apt. #, etc.

3. Mailing Address

**346 Ventura Drive**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Oldsmar, FL**

City & State

**Oldsmar, FL**

4. FEI Number

**59-3498216**

Applied For

Not Applicable

Zip

**34677**

Country

**US**

Zip

**34677**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NEWTON, TAMARA**

**6550 150TH AVE N.**

**CLEAR WATER FL 33760**

**New Address Only**

7. Name and Address of New Registered Agent

Name

**Newton, Tamara**

Street Address (P.O. Box Number is Not Acceptable)

**346 Ventura Drive**

City

**Oldsmar, FL**

FL

Zip

**34677**

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

**TAMARA NEWTON**

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

**Tamara Newton**

(NOTE: Registered Agent signature required when reinstating)

**1-7-02**

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 **PD**  
 STREET ADDRESS **NEWTON, TAMARA**  
 CITY-ST-ZIP **6550 150TH AVE. STE #H209**  
**CLEARWATER FL 33760**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 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 **PRESIDENT**  
 STREET ADDRESS **NEWTON, TAMARA**  
 CITY-ST-ZIP **346 VENTURA DR**  
**OLDSMAR FL 34677**

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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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:

**Tamara Newton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-7-02 (727) 403-4567**

Date

Daytime Phone #

CR2E034 (9/01)