

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000035177**

1. Entity Name
TOM TAG, P.A.

Principal Place of Business
**3474 TAMPA RD
PALM HARBOR FL 34684**

Mailing Address
**3474 TAMPA RD
PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3510346**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAGLIANETTI, THOMAS
3474 TAMPA RD
PALM HARBOR FL 34684**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **TAGLIANETTI, THOMAS**
CITY-ST-ZIP **3474 TAMPA RD
PALM HARBOR FL 34684**

TITLE ☐ Change ☐ Addition
NAME **CALLED BACK ON**
STREET ADDRESS **ACTIVE DUTY**
CITY-ST-ZIP **SEE ORDERS**

TITLE ☐ Delete
NAME **VST**
STREET ADDRESS **TAGLIANETTI, KATHLEEN A**
CITY-ST-ZIP **5602 PERKIN DR
NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
NAME **SEE ORDERS**
STREET ADDRESS **ATTACHED**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **000005183620-3**
STREET ADDRESS **-04/02/02--01060--012**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 MAR 2001 **727-784-7600**

Date

Daytime Phone #

APPROVED
AND
FILED

02 MAR -8 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

055967 AV

CR2E034 (9/01)

102

DEPARTMENT OF THE ARMY
U.S. ARMY RESERVE PERSONNEL COMMAND
1 RESERVE WAY
ST. LOUIS, MO 63132-5200

ARPC-PLM-O
ORDERS M-12-101506

21 DEC 2001

TAGLIANETTI THOMAS PAUL
135 OSPREY LANE
PALM HARBOR FL 34683

PLM-P

MAJ IN 090 42 6703
11A
USAR CONTROL GROUP (REINF)

PURSUANT TO PRESIDENTIAL EXECUTIVE ORDER OF 14 SEP 2001, YOU ARE
RELIEVED FROM YOUR PRESENT RESERVE COMPONENT STATUS AND ARE ORDERED
TO ACTIVE DUTY. PROCEED FROM YOUR CURRENT LOCATION IN SUFFICIENT
TIME TO REPORT BY THE DATE SPECIFIED.

REPORT TO: W7UT06 FT BENNING

SEE ADDITIONAL INSTRUCTIONS FT BENNING GA 31905

REPORT DATE: NO LATER THAN 07 JAN 2002 BUT NO EARLIER THAN 05 JAN 2002

PERIOD OF ACTIVE DUTY: NOT TO EXCEED 365 DAYS UNLESS EXTENDED OR

TERMINATED BY PROPER AUTHORITY

PURPOSE: PARTIAL MOBILIZATION - OPERATION ENDURING FREEDOM (OPEFO11)

ASSIGNED TO: W7UT06 FT BENNING

SEE ADDITIONAL INSTRUCTIONS FT BENNING GA 31905

ADDITIONAL INSTRUCTIONS: FAILURE TO REPORT MAY SUBJECT YOU TO UCMJ ACTION.
TRANSPORTATION OF DEPENDENTS AND HOUSEHOLD GOODS IS NOT AUTHORIZED. STORAGE
OF HOUSEHOLD GOODS IS AUTHORIZED. TRAVEL BY PRIVATELY OWNED VEHICLE IS NOT
AUTHORIZED. MAKE YOUR COMMERCIAL TRAVEL ARRANGEMENTS BY CALLING
1-800-288-5042. (FEMALES ONLY: IF YOU ARE PREGNANT DO NOT REPORT; CALL
AR-PERSCOM TO REPORT YOUR STATUS AND TO REQUEST DEFERMENT, DELETION OR
MEDICAL GUIDANCE.) SEE PAGE 2 FOR STANDARD MOBILIZATION INSTRUCTIONS.
PERFORMING IN A TEMPORARY DUTY STATUS. TRAVEL ADVANCE ISSUED BY
DFAS-INDIANAPOLIS. SUBMIT TRAVEL VOUCHER TO: DFAS- INDIANAPOLIS CENTER, DIR
FOR NETWORK OPERATIONS, DEPT 3700, 8899 E. 56TH ST, INDIANAPOLIS, IN
46249-3700.

FOR ARMY USE: AUTHORITY: 10 USC 12302

ACCT CLAS: 97 X 0833.0100 01-1100 P0415A00 11**/12** VFRE F3201 S99999

97 X 0833.0100 01-1100 P0415D00 21**/22**/25**/41.10

VFRE F3201 S99999 DRN: TAG6703TC01506

SEX: M PMOS/AOC/ASI/LIC: 11A

SCTY CL: INTERIM SECRET

MDC: PEBD: 15 MAY 1982 DOR: 14 MAY 1995 COMP: USAR

USARMG:

FORMAT: 163

BY ORDER OF THE SECRETARY OF THE ARMY:

* AR-PERSCOM *
* OFFICIAL *

W. BRUCE PITTMAN
COL, EN
COMMANDING

DISTRIBUTION: M1

1 FT BENNING SEE ADDITIONAL INSTRUCTIONS FT BENNING GA 31905