

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040565

1. Entity Name
TSAMOUTALES LIMITED INCORPORATED

Principal Place of Business
1804 RIVERVIEW DRIVE
MELBOURNE FL 32901

Mailing Address
1804 RIVERVIEW DRIVE
MELBOURNE FL 32901

2. Principal Place of Business

1900 Palm Bay Road, NE

3. Mailing Address

1900 Palm Bay Road, NE

Suite, Apt. #, etc.

SUITE G

Suite, Apt. #, etc.

SUITE G

City & State

Palm Bay FL

City & State

Palm Bay FL

Zip

32905

Country

USA

Zip

32905

Country

USA

4. FEI Number

59-3561656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SACK, GARY B
1900 PALM BAY ROAD NE STE G
PALM BAY FL 32905

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 \$550.00
After September 12, 2001 Fee 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 VP
NAME TERRY, MICHAEL
STREET ADDRESS 825 FRANKYN AVE.
CITY-ST-ZIP INDIAN LANTIC FL 32903 ☐ Delete

TITLE D
NAME TSAMOUTALES, FRANK N
STREET ADDRESS 2820 ROCKY PT. RD.
CITY-ST-ZIP MALABAR FL 32950 ☐ Delete

TITLE P/S
NAME TSAMOUTALES, FRANK N
STREET ADDRESS 2820 ROCKY PT. RD.
CITY-ST-ZIP MALABAR FL 32950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90065 015 ***750.00

AUU04100



DO NOT WRITE IN THIS SPACE

AV 6029100

CR2E034 (5/01)