

2000 UNIFORM BUSINESS REPORT (UBR)

091100 1072

DOCUMENT # P98000050847

1. Entity Name

TESOROS INCORPORATED

Principal Place of Business

10431 DEEPBROOK DRIVE
RIVERVIEW FL 33569

Mailing Address

10431 DEEPBROOK DRIVE
RIVERVIEW FL 33569

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 PM 1:28



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3514790

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME JOHNSON, KIMBERLY
STREET ADDRESS 10431 DEEPBROOK DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003401119--8
CITY-ST-ZIP -09/22/00--01002--008
****150.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Date

Daytime Phone #

8.30.00 (813) 651-0949

CR2E034 (5/00)

August 30, 2000

2052

Pag0000050847

Tesoros Incorporated
10431 Deepbrook Drive
Riverview, FL 33569

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To Whom It May Concern:

Due to illness, this form was not able to be sent in on time.

Enclosed is a check for \$150⁰⁰. I spoke with Marie on the phone. She advised writing a note of explanation to accompany this check.

I appreciate the opportunity to make the payment of 150⁰⁰ without a penalty. It is a great blessing. Thank you.

Sincerely,

Kimberly R. Johnson

Kimberly R. Johnson

(813) 651-0949