

DOCUMENT # P98000082387

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90050 040 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
TANDL, INC.

Principal Place of Business
105B POMPANO DR SE
ST. PETERSBURG FL 33705

Mailing Address
105B POMPANO DR SE
ST. PETERSBURG FL 33705

2. Principal Place of Business
4100 BEACH DR SE
Suite, Apt. #, etc.

3. Mailing Address
4100 BEACH DR SE
Suite, Apt. #, etc.

City & State
ST PETERSBURG, FL
Zip
33705

City & State
ST PETERSBURG FL
Zip
33705

4. FEI Number 59-3535834
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LAMBERT, LAURENCE C
105B POMPANO DR SE
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4100 BEACH DR SE
City ST PETERSBURG FL Zip Code 33705

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, LAURENCE C 105 B POMPANO DR SE ST. PETERSBURG FL 33705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAY, TRACY L 105B POMPANO DR SE ST. PETERSBURG FL 33705	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4100 BEACH DR SE ST PETERSBURG FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4100 BEACH DR SE ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tracy Jay TRACY JAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/01 727-822-9522
Date Daytime Phone #

CR2E034 (10/00)