

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91038 012 ***150.00

047425 AV

DOCUMENT # P98000082387

1. Entity Name
TANDL, INC.



Principal Place of Business
**4100 BEACH DR SE
ST. PETERSBURG FL 33705**

Mailing Address
**4100 BEACH DR SE
ST. PETERSBURG FL 33705**



2. Principal Place of Business
**430 BAY ST NE
Suite, Apt. #, etc. 904**

3. Mailing Address
**PO Box 211
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG, FL

Zip
33701 Country
USA

Zip
33731 Country
USA

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
4100 BEACH DR
ST. PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
430 BAY ST NE #904

City **ST PETERSBURG FL** Zip Code **33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laurence C Lambert* **Laurence C Lambert** **04/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAMBERT, LAURENCE C 4100 BEACH DR SE ST. PETERSBURG FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JAY, TRACY L 4100 BEACH DR SE ST. PETERSBURG FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAMBERT, TRACY L 4100 BEACH DR. SE SAINT PETERSBURG FL 33705
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 430 BAY ST NE #904 ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 430 BAY ST NE #904 ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tracy Lambert* **TRACY LAMBERT** **04/15/03** **727-897-9393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)