

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085113

1. Entity Name

T & T SOUTHERN, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90417 006 ***150.00

Principal Place of Business

Mailing Address

220 W BRANDON BLVD. STE 101
 BRANDON FL 33511

220 W BRANDON BLVD. STE 101
 BRANDON FL 33511-5116

2. Principal Place of Business

3. Mailing Address

P.O. Box 2577

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Brandon, FL 33509-

4. FEI Number 59-3539382

Applied For

Not Applicable

Zip

Country

Zip
 33509-2577

Country

2577 Hills

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

LUERA, MARY I
 220 W BRANDON BLVD, STE 101
 BRANDON FL 33511

Name

Mary I Carrillo

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

5/1/00

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, 2000 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	PVD	<input checked="" type="checkbox"/> Delete
NAME	MANDARELLI, SAMUEL	
STREET ADDRESS	PO BOX 21502	
CITY-ST-ZIP	ST PETE FL 33742	
TITLE	TMTR	<input type="checkbox"/> Delete
NAME	TIMM, THOMAS D	
STREET ADDRESS	904 MCINTOSH CIR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LOWE, ROGER	
STREET ADDRESS	627 SANDRIDGE RD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARRILLO, MARY I	
STREET ADDRESS	535 ROYAL RIDGE RD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary I. Carrillo	
STREET ADDRESS	535 Royal Ridge Rd	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodger K. Lowe	
STREET ADDRESS	627 Sandridge Rd	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Cannon	
STREET ADDRESS	13304 Mike Dr	
CITY-ST-ZIP	Tampa, FL 33617	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Leamble	
STREET ADDRESS	14520 Bruce B Downs Blvd #17	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary I Carrillo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 (813) 684-4214

CR2E034 (9/99)