

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103173

1. Entity Name

TINA ENTERPRISES, INC.

FILED

Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90032 001 ***150.00

Principal Place of Business

Mailing Address

6101 DUNCAN RD
#6
PUNTA GORDA FL 33982
US

9125 SWISS BLVD.
PUNTA GORDA FL 33982-2380

2. Principal Place of Business

3. Mailing Address

6101 Duncan Rd. 1
Suite, Apt. #, etc.
#6

Suite, Apt. #, etc.

City & State
Punta Gorda, FL

City & State

Zip
33950

Country
USA

Zip

Country

4. FEI Number
65-0910800

Applied For

Not Applicable

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

DAUGHTRY, CHRISTINA M
9125 SWISS BLVD.
PUNTA GORDA FL 33982

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAUGHTRY, CHRISTINA M
9125 SWISS BLVD.
PUNTA GORDA FL 33982 ☐ Delete

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

TITLE
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TITLE
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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:

Christina M Daughtry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #