

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90104 050 \*\*\*150.00

00596969 AV

**DOCUMENT # P99000000141**

**1. Entity Name**  
**TATE ENTERPRISES, INC.**



**Principal Place of Business**  
**806 HIGHWAY 90 WEST**  
**CRESTVIEW FL 32536**

**Mailing Address**  
**806 HIGHWAY 90 WEST**  
**CRESTVIEW FL 32536**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3550642**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HINES, JAMES P**  
**315 SOUTH HYDE PARK AVENUE**  
**TAMPA FL 33606**

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

**SIGNATURE** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TATE, ROBERT E</b>	
STREET ADDRESS	<b>2767 PHIL TYNER ROAD</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STYRON, MICHELLE</b>	
STREET ADDRESS	<b>534 RIDGELAKE ROAD</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>CRAWFORD, SUSAN</b>	
STREET ADDRESS	<b>8246 OLD EBENEZER ROAD</b>	
CITY-ST-ZIP	<b>LAUREL HILL FL 32567</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:**

*Susan F. Crawford*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/3/03**

Date

**880-682-5127**

Daytime Phone #

CR2E034 (10/02)