## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P99000024314 TAMARA TECHNOLOGIES, INC. 04-11-2001 90060 017 \*\*\*150.00 Principal Place of Business Mailing Address 2730 PEBBLE BEACH DR 2730 PEBBLE BEACH DR NAVARRE FL 32566 NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State NOT APPLICABLE City & State 4. FEI Number Applied For *59-3639*234 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUNDY, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 2730 PEBBLE BEACH DR NAVARRE FL 32566 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PRES 3R2E034 (10/00) ☐ Delete Addition TITLE TITLE BUNDY, TAMARA L 2730 PEBBLE BEACH DRIVE BUNDY, WILLIAM E NAME NAME 2730 PEBBLE BEACH DRIVE STREET ADDRESS STREET ADDRESS NAVARRE, FL 32566 CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP ☐ Delete TITLE TITLE BUNDY, WILLIAM BUNDY, TAMARA L NAME NAME 2730 PEBBLE 2730 PEBBLE BEACH DRIVE STREET ADDRESS STREET ADDRESS NAVARRE, FL CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 Delete . . TITLE Change Addition TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Dayling Phone #