


FILED
May 23, 2003 8:00 am
Secretary of State

04-24-2003 90173 043 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT # P99000036364			
1. Entity Name TANGLES OF STUART CORPORATION			
Principal Place of Business 32 B - SE OSCEOLA ST STUART FL 34994		Mailing Address 32 B - SE OSCEOLA ST STUART FL 34994	
2. Principal Place of Business 32B SE OSCEOLA ST Suite, Apt. #, etc. B		3. Mailing Address 32B SE OSCEOLA ST Suite, Apt. #, etc. B	
City & State STUART FL		City & State STUART FL	
Zip 34994		Country US	
4. FEI Number 65-0933115		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOLCOMB, KAREN 32 B - SE OSCEOLA ST STUART FL 34994		7. Name and Address of New Registered Agent 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 <u><i>Karen Holcomb</i></u> DATE <u>4-18-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P HOLCOMB, KAREN 32 B - SE OSCEOLA ST STUART FL 34994		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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: <u><i>Karen Holcomb</i></u>		SIGNATURE REQUIRED <u><i>Karen Holcomb</i></u> 5-19-03 690-2904 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	

CR2E034 (10/02)