

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044413

1. Entity Name

TARPON WHOLESALE SUPPLIES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90144 037 ***150.00

Principal Place of Business 100 SECOND AVENUE SOUTH SUITE 1201 ST. PETERSBURG FL 33701	Mailing Address 100 SECOND AVENUE SOUTH SUITE 1201 ST. PETERSBURG FL 33701-4360
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2. Principal Place of Business 41916 U.S. Highway 19 North Suite, Apt. #, etc.	3. Mailing Address 6365 - 53rd Street North Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Tarpon Springs, FL 34689	City & State Pinellas Park, FL 33781	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34689	Country USA	Zip 33781	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LECOMPT, MORRIS A 100 SECOND AVENUE SOUTH SUITE 1201 ST. PETERSBURG FL 33701	7. Name and Address of New Registered Agent Name Joseph C. White Street Address (P.O. Box Number is Not Acceptable) 10750 Spring Street City Largo FL Zip Code 33774
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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

Joseph C. White

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	P,D White, Joseph C. 10750 Spring Street Largo, FL 33774 <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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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:

Joseph C. White Joseph C. White, President

(727) 521-2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)