

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 0000 52396

1. Entity Name

TANKS-A MILLION INC

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90118 028 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

12555 BISCAYNE BLVD

3. Mailing Address

12555 BISCAYNE BLVD

Suite, Apt. #, etc.

PMB 921

Suite, Apt. #, etc.

PMB 921

City & State

NORTH MIAMI FL

City & State

NORTH MIAMI FL

Zip

33181

Country

Zip

33181

Country

4. FEI Number

65-093 0346

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

LEFFERTS, MICHAEL
2130 NE 123RD ST
H. MIAMI FL 33181

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, 2001 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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS DAVID PRESCOTT
CITY-ST-ZIP 12555 BISCAYNE BLVD PMB 21
NORTH MIAMI FL 33181

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID PRESCOTT

Date

Daytime Phone #

CR2034 (1/00)