

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90084 036 ***150.00

DOCUMENT # P99000052396

1. Entity Name

TANKS-A-MILLION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12555 BISCAYNE BLVD

Suite, Apt. #, etc.

PMB 921

City & State

NORTH MIAMI FL

Zip

33181

Country

US

3. Mailing Address

12555 BISCAYNE BLVD

Suite, Apt. #, etc.

PMB 921

City & State

NORTH MIAMI FL

Zip

33181

Country

4. FEI Number

65-0930346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL LEFFERTS

Street Address (P.O. Box Number is Not Acceptable)

2130 NE 123 ST

City

NORTH MIAMI

FL

Zip Code

33181

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DAVID PRESCOTT 12555 BISCAYNE BLVD PMB 921 NORTH MIAMI FL 33181
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DO NOT WRITE
IN THIS SPACE

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 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

4.25.02

Daytime Phone #

CR2E034B (12/01)