

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081615

1. Entity Name

TOMMY TAN INTERNATIONAL CORPORATION

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90006 006 ***150.00

Principal Place of Business

6848 COPPERFIELD DR.
NEW PORT RICHEY FL 34655

Mailing Address

6848 COPPERFIELD DR.
NEW PORT RICHEY FL 34655-5604

2. Principal Place of Business

4874 Nile Street Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3224

Suite, Apt. #, etc.

City & State

Holida7, FL

Zip

34690

Country

City & State

Holida7, FL

Zip

34690

Country

4. FEI Number

59-3620765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPPOLA, ANTHONY
6848 COPPERFIELD DR.
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name

Anthony F. Cappola

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

6848 Copperfield Dr

City

New Port Richey

FL

Zip Code

34655

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, 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

TITLE ☐ Delete

NAME Anthony F. Cappola

STREET ADDRESS 6848 Copperfield Dr

CITY-ST-ZIP New Port Richey, FL 34655

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Date

Daytime Phone #

CP25024 (9/00)