## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 01, 2003 8:00 am Secretary of State P99000090567 DOCUMENT # 05-01-2003 90367 007 \*\*\*150.00 1. Entity Name TANDY ENTERPRISES, INC. Mailing Address Principal Place of Business 3660 EAST BAY DRIVE 3660 EAST BAY DRIVE #222 #222 **LARGO FL 33771 LARGO FL 33771** US 2. Principal Place of Business 3. Mailing Address HII Orangeriew Ave Suite, Apt. #, etc. Olangeview Ave CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3618216 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US/ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LITTLE, TANDY D Street Address (P.O. Box Number is Not Acceptable) 3660 EAST BAY DRIVE 411 Orangeview Ave #222 **LARGO FL 33771** 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 ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete LITTLE, TANDY D Little, Tandy D NAME NAME 3660 EAST BAY DRIVE STREET ADDRESS STREET ADDRESS 411 orangeview Ave LARGO FL 33771 CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of 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:

IGNING OFFICER OR DIRECTOR