

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108044

1. Entity Name

T.A.R. SERVICES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90073 049 ***550.00

Principal Place of Business

4572 S ORANGE BLOSSOM TRAIL
P.M.B. #81
ORLANDO FL 32839

Mailing Address

4572 S ORANGE BLOSSOM TRAIL
P.M.B. #81
ORLANDO FL 32839

2. Principal Place of Business

4572 S. Orange Blossom
Suite, Apt. #, etc.
PMB #81

3. Mailing Address

4572 S. Orange Blossom Trl
Suite, Apt. #, etc.
PMB 81

City & State

Orlando, FL
Zip 32839 Country US

City & State

Orlando FL
Zip 32839 Country U.S.

4. FEI Number

09-3645954

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, SHANNON
1213 ABBEYVILLE RD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

Shannon Rogers

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

1213 Abbeyville Rd.

City

Orlando

FL

Zip Code

32808

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.

Shannon Rogers

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Shannon Rogers
CITY-ST-ZIP	1213 Abbeyville Rd. Orlando, FL 32808
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 SHANNON ROGERS

9/5/00

Date

(407) 522-5047

Daytime Phone #

CF2E034 (5/00)