

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80543

1. Entity Name

TATE'S TRANSMISSION SERVICE, INC.

FILED

Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90008 003 ***150.00

Principal Place of Business

Mailing Address

1942 S.W. HAYWORTH AVE
PORT ST. LUCIE FL 34983
US

1942 S.W. HAYWORTH AVE
PORT ST. LUCIE FL 34953-2751
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0289383

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FARMER, CATHERLINE C.
2705 HARDING STREET
HOLLYWOOD FL 33020

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME TATE, DONALD
STREET ADDRESS 3258 S.W. NUTLEY STREET
CITY-ST-ZIP PORT ST. LUCIE FL

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

TITLE DVP ☒ Delete
NAME TATE, WAYNE
STREET ADDRESS 3102 SW NUTLEY ST
CITY-ST-ZIP PT ST LUCIE FL

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

TITLE DS ☐ Delete
NAME COOLEY, KATHY
STREET ADDRESS 1102 SW SARTO LANE
CITY-ST-ZIP PT ST LUCIE FL

TITLE DST ☒ Change ☐ Addition
NAME MEHAL, KATHY
STREET ADDRESS SAME
CITY-ST-ZIP SAME

TITLE DT ☐ Delete
NAME FARMER, CATHERLINE C.
STREET ADDRESS 2705 HARDING ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE DVP ☒ Change ☐ Addition
NAME
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Don Tate* DON TATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

561-336-8543

Daytime Phone #

CR25034 (9/99)