

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90157 037 ***150.00

DOCUMENT # V26290

1. Entity Name

T.A. SALES, INC.

Principal Place of Business

**15831 REDINGTON DR.
 REDINGTON BEACH FL 33708**

Mailing Address

**15831 REDINGTON DR.
 REDINGTON BEACH FL 33708**

2. Principal Place of Business

3. Mailing Address

PO BOX 702054

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD FL.

4. FEI Number

59-3177659

Applied For

Not Applicable

Zip

Country

34770-2054

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ANDERSON, THURSTON
 15831 REDINGTON DR.
 REDINGTON BEACH FL 33708**

7. Name and Address of New Registered Agent

Name **JULIA RICHMOND**

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

2400 MOCKINGBIRD AVE.

City

ST. CLOUD

FL

Zip Code

34771-9513

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

Julia A. Richmond *Treasurer*

1-10-2002

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, 2002 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 **PVST** ☐ Delete
 NAME **ANDERSON, THURSTON**
 STREET ADDRESS **15831 REDINGTON DR.**
 CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE **TREASURER** ☐ Delete
 NAME **JULIA A. RICHMOND**
 STREET ADDRESS **2400 MOCKINGBIRD AVE.**
 CITY-ST-ZIP **ST. CLOUD, FL. 34771-9513**

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 **PVS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **JULIA A. RICHMOND**
 STREET ADDRESS **2400 MOCKINGBIRD AVE.**
 CITY-ST-ZIP **ST. CLOUD, FL. 34771-9513**

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:

Julia A. Richmond **JULIA A. RICHMOND**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER**

Date

1-10-2002 (407) 957-7030

Daytime Phone #

CR2E034 (9/01)