

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27550

1. Entity Name

TADPOLE TERRYS, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90287 050 ***150.00

Principal Place of Business

Mailing Address

913 LITHIA PINECROT ROAD
BRANDON FL 33511
US

913 LITHIA PINECROT ROAD
BRANDON FL 33511
US

2. Principal Place of Business

913 Lithia Pinecrest Rd

3. Mailing Address

913 Lithia Pinecrest Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

4. FEI Number

59-3122334

Applied For

Not Applicable

Zip

33511

Country

U.S.

Zip

33511

Country

U.S.

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

HALEY, TERRY A
714 FALKIRK AVE
VALRICO FL 33594

Name

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

108 Clocktower DR. #157

City

Brandon

FL

Zip Code

33510

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SISTRUCK, BETH A.
1706 KETCH PLACE
BRANDON FL 33511 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HATES, TERRY A
714 FALKITZ AVE
VALRICO FL 33534 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Haley, Terry A.
108 Clocktower DR. #157
Brandon, FL 33510 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

TERRY A. HALEY

4/25/00

(813) 685-8908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)