# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

D

#### SIGNATURE: ADAMS, TAMARA M

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P01000016332

Entity Name: TMA ENTERPRISES OF BREVARD, INC.

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

2662 BRADFORDT DR. WEST MELBOURNE, FL 32904

### **Current Mailing Address:**

2662 BRADFORDT DR. WEST MELBOURNE, FL 32904

## FEI Number: 59-3701471

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ADAMS, TAMARA M 2662 BRADFORDT DR. WEST MELBOURNE, FL 32904 US

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:

Officer/Director Detail :			
Title	D	Title	D
Name	ADAMS, TAMARA M	Name	ADAMS, ALTON FJR.
Address	2662 BRADFORDT DR.	Address	2662 BRADFORDT DR.
City-State-Zip:	WEST MELBOURNE FL 32904	City-State-Zip:	WEST MELBOURNE FL 32904

# Certificate of Status Desired: No

# FILED Jan 06, 2017 Secretary of State CC9139814491

Date

01/06/2017

Date