

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90669 038 \*\*\*150.00

DOCUMENT # P01000016332  
1. Entity Name  
TMA Enterprises of Brevard, Inc

**DO NOT WRITE IN THIS SPACE**

80064749

2. Principal Place of Business <u>2662 Bradford Dr.</u> Suite, Apt. #, etc. <u>West Melbourne, FL</u> City & State	3. Mailing Address <u>2662 Bradford Dr.</u> Suite, Apt. #, etc. <u>West Melbourne, FL</u> City & State
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3701471</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip <u>32904</u> County <u>Brevard</u>	Zip <u>32904</u> Country <u>Brevard</u>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <u>TAMARA M</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2662 Bradford Dr.</u>
City <u>West Melbourne</u> FL Zip Code <u>32904</u>

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 date 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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<u>D Adams, TAMARA M.</u> <u>2662 Bradford Dr.</u> <u>West Melbourne, FL 32904</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D Adams, ALTON F JR</u> <u>2662 Bradford Dr</u> <u>West Melbourne, FL 32904</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Tamara Adams TAMARA Adams 4/4/02 321-951-4634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)