

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90088 035 ***150.00

DOCUMENT # G61973

1. Entity Name
THE 2915 COMPANY, INC.

Principal Place of Business 2915 W. HAWTHORNE RD. TAMPA FL 33611	Mailing Address 2915 W. HAWTHORNE RD. TAMPA FL 33611-2829
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2330547**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

URBANSKI, ANN A
2915 HAWTHORNE RD.
TAMPA FL 33611

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DT	<input type="checkbox"/> Delete
NAME	URBANSKI, ANN A	
STREET ADDRESS	2915 HAWTHORNE RD.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ELIZABETH U	
STREET ADDRESS	2816 TERRACE DR.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, STEPHEN F	
STREET ADDRESS	2816 TERRACE DR.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	URBANSKI, JAMES F	
STREET ADDRESS	2915 HAWTHORNE RD.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ann A. Urbanski **Ann A. Urbanski** 4-11-00 813 832-2857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)