

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90151 002 ****61.25

DOCUMENT # N02000000257

1. Entity Name

CREATING A CLEAN AND SOBER TAMPA BAY INC.



Principal Place of Business

**3116 COCOS ROAD
TAMPA FL 33618**

Mailing Address

**3116 COCOS ROAD
TAMPA FL 33618**

2. Principal Place of Business

3116 Cocos Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 272052

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Tampa FL. 33618

City & State

Tampa FL. 33688

4. FEI Number

80-0029913

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCLAUGHLIN, GEORGE
3116 COCOS ROAD
TAMPA FL 33618**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George McLaughlin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **DUHIG, JOHN**
STREET ADDRESS **17110 FALCONRIDGE ROAD**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE **D** ☐ Delete
NAME **MCLAUGHLIN, GEORGE**
STREET ADDRESS **3116 COCOS ROAD**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **D** ☒ Delete
NAME **FERGUSON, LEANNE**
STREET ADDRESS **16045 PENWOOD DR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☒ Delete
NAME **DARBY, JOHN**
STREET ADDRESS **224 HIGHLAND ST**
CITY-ST-ZIP **BROOKSVILLE FL 34801**

TITLE **D** ☐ Delete
NAME **MASSMAN, RICHARD**
STREET ADDRESS **300 SHORE DR W**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete
NAME **MICHAEL JEFFREES**
STREET ADDRESS **8508 Willow Av.**
CITY-ST-ZIP **TAMPA, FL. 33604**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **MICHAEL JEFFREES**
STREET ADDRESS **8508 Willow Av.**
CITY-ST-ZIP **Tampa, FL. 33604**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2003

Date

Daytime Phone #

CR2E037 (10/02)