

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90013 025 \*\*\*\*61.25

**DOCUMENT # N95000002784**

1. Entity Name

**READ TAMPA BAY, INC.**

Principal Place of Business 4602 NORTH SEMINOLE AVENUE TAMPA FL 33603	Mailing Address 4602 NORTH SEMINOLE AVENUE TAMPA FL 33603-3745
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2222 North Tampa Street Suite, Apt. #, etc. Suite 211 1	3. Mailing Address 2222 North Tampa Street Suite, Apt. #, etc. Suite 211
City & State Tampa, Florida 33602	City & State Tampa, Florida 33602

4. FEI Number 59-3320934	Applied For <input type="checkbox"/> Not Applicable
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Zip 33602	Country Hillsborough	Zip 33602	Country Hillsborough
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**PEREZ, JOE**  
 4602 NORTH SEMINOLE AVENUE  
 TAMPA FL 33603

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.

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PEREZ, JOE 4602 N. SEMINOLE AVENUE TAMPA FL 33603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> COHEN, JODI 1505 N. NEBRASKA AVENUE TAMPA FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MORAN, EDDIE P.O. BOX 1121 N/A ST. PETERSBURG FL 33731 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HarLine Roberts 1202 E. Palm Avenue Tampa, Florida 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Denise Moen P. O. Box 292 Brooksville, Florida 34605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/18/00 Daytime Phone #: (813) 276-5666

CR2E037 (9/99)