# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #  N95000002784**

1. Entity Name

**READ TAMPA BAY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2222 NORTH TAMPA STREET #211 TAMPA FL 33603 | 2222 NORTH TAMPA STREET #211 TAMPA FL 33603 |

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| 2900 Hibiscus Dr. W | 2900 Hibiscus Dr. W | |
| Suite, Apt. #, etc. NA | Suite, Apt. #, etc. NA | |
| City & State Belleair Beach, FL | City & State Belleair Beach, FL | |
| Zip 33786 Country Pinellas | Zip 33786 Country Pinellas | |

**DO NOT WRITE IN THIS SPACE**

| 4. FEI Number 59-3320934 | Applied For / Not Applicable |
|---|---|

5. Certificate of Status Desired ☐  **$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

*Change of Address Only*

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

Name  Perez, Joe
Street Address (P.O. Box Number is Not Acceptable)
2900 Hrbiscus Dr W

City  Belleair Beach, FL    FL    Zip Code 33786

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)

2/28/01   DATE

| **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 | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, JOE 4602 N. SEMINOLE AVENUE TAMPA FL 33603 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Perez, Joe 2900 Hibiscus Dr West Belleair Beach, FL 33786 | ☑ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTS, HARLINE 1202 E PALM AVENUE TAMPA FL 33605 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOEN, DENISE PO BOX 292 BROOKSVILLE FL 34605 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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    3/1/01   (727) 430-2177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #