## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P93000043195** Apr 04, 2000 8:00 am Secretary of State 1. Entity Name TAMPA ROLLFORM, INC. 04-04-2000 90037 033 \*\*\*150.00 Mailing Address Principal Place of Business P O BOX 24076 227 MERIDIAN TAMPA FL 33602 TAMPA FL 33623-4076 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3189967 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSS, MICHAEL E. Street Address (P.O. Box Number is Not Acceptable) 227 N MERIDIAN **TAMPA FL 33602** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Change Addition ☐ Delete TITLE MICHAEL E. BUSS NAME NAME 227 N. MERIDIAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Addition Change ☐ Delete TITLE TITLE SARAH BUSS NAME NAME STREET ADDRESS STREET ADDRESS 227 N. MERIDIAN CITY-ST-7/E CITY-ST-ZIP TAMPA FL Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 receive 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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