2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000053537

1. Entity Name

TAMPA HYPERBARIC ENTERPRISE, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90103 007 ***150.00

Principal Plac 700 WEST WI TAMPA FL 33		s	700 V	Mailing Address 700 WEST WATERS AVE. TAMPA FL 33604							
2. Principal I	iling Address	g Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. (FEI Number 59-3585610	59-3585610 Applied For Not Applicable		
Zip	Country			Zip Coun			try 5. Certificate of Sta		\$8.75 Additional Fee Required		
	6. Name	and Address of Currer	nt Register	ed Agent	I		7. 1	Name and Address of New Regist	ss of New Registered Agent		
						Name					
CAPRIA, MICHAEL				Street Address			ress (P.O. B	Box Number is Not Acceptable)			
	r waters /	WE.		Sileet Address (1655 (1.O. D				
tampa fl	. 33604										
					ŀ	City	-,.	· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	de
8. The above	named entity	submits this statement	for the pure	lose of changing its	registere	d office or re-	gistored ag	ent, or both, in the State of Florida.	1	ilios with	and annet
the obligat	tions of registe	ered agent.	ior ale parp	seed of Gridinging Ro	registere	d office or re	gistered agr	ent, or both, in the State of Florida.	i aiii iaii	unar with,	, апо ассері
SIGNATURE .	•	·									
E+	Signature, typed	or printed name of registered ager	nt and title if app	licable. (NOTE	: Registered	Agent signature r	required when re	einstating)	DATE		
		! FEE IS \$150.00 3 Fee will be \$550.00						9. Election Campaign Financin	g	\$5.0	OO May Be
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

01-08-03 813-935-4404