FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2004 8:00 am
Secretary of State
09-17-2004 90003 007 ***550.00

DOCUMENT #S15118

1. Entity Name
SAB TOO of Tampa, Inc.

DO NOT WRITE IN THIS SPACE

24085495

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
109 Barkfield Street	P.O. Box 2612
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon, FL	City & State: Brandon, FL
Zip: 33511-7117 Country: USA	Zip: 33509-2612 Country: USA

4. FEI Number 59-303-8203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ERIC S. JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 109 Barkfield Street
City: Brandon FL Zip Code: 33511-7117

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 [signature] ERIC S. JOHNSON 9-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRES/SEC.	TITLE	
NAME	ERIC S. JOHNSON	NAME	
STREET ADDRESS	109 Barkfield Street	STREET ADDRESS	
CITY-ST-ZIP	Brandon, FL 33511-7117	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ERIC S. JOHNSON 9-6-04 813 685-3712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #