FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2005 8:00 am
Secretary of State
05-17-2005 90015 017 ***150.00

DOCUMENT # S15118

1. Entity Name
SAB TOO of Tampa, Inc.

DO NOT WRITE IN THIS SPACE

40084373

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: 59-3038803 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Eric Scott 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: ERIC SCOTT JOHNSON 4-15-05
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: P/V/T/S NAME: ERIC SCOTT JOHNSON STREET ADDRESS: 109 Barkfield Street CITY-ST-ZIP: Brandon, FL 33511-7117	TITLE NAME STREET ADDRESS 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: ERIC SCOTT JOHNSON 4-15-05 (813) 684-6058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #