

**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 # 515118	
1. Entity Name SAB TOO of Tampa, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 109 Barkfield Street	3. Mailing Address P.O. Box 2612
Suite, Apt. #, etc.	Suite, Apt. #, etc.

40084373

DO NOT WRITE IN THIS SPACE

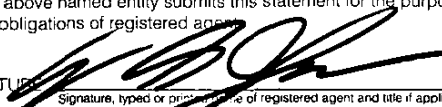
City & State Brandon, FL	City & State Brandon, FL	4. FEI Number 59-303803	Applied For ☐ Not Applicable
Zip 33511-7117	Country USA	Zip 33509-2612	Country USA

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** DATE **4-15-05**
(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS			
TITLE P/U/T/S	NAME ERIC SCOTT JOHNSON	TITLE	
STREET ADDRESS 109 Barkfield Street		STREET ADDRESS	
CITY-ST-ZIP Brandon, FL 33511-7117		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
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TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 fees empowered.

SIGNATURE  **ERIC SCOTT JOHNSON** DATE **4-15-05** DAYTIME PHONE # **(813) 684-6058**
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)