

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 376521

1. Entity Name

TAMPA TOM'S, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90138 026 ***150.00

Principal Place of Business

Mailing Address

8005 LAGO VISTA DR.
TAMPA FL 33614

8005 LAGO VISTA DR.
TAMPA FL 33614-2740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3421 ST. CONRAD ST.

P O BOX 15656

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B- Room A

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33607

USA

33684

USA

4. FEI Number

59-1315297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTHERFORD, THOMAS S
11016 N. DALE MABRY HWY
#201
TAMPA FL 33618-3802

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DIAZ, ROBERT
STREET ADDRESS 8005 LAGO VISTA DR.
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME DIAZ, CARMEN
STREET ADDRESS 8005 LAGO VISTA DR.
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 execute 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

CARMEN C. DIAZ

Date

5/1/00

Daytime Phone #

(813) 873-0256 or
(813) 931-1431

TREASURER

CR2E034 (9/99)