

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 376521

1. Entity Name

TAMPA TOM'S, INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90039 021 ***150.00

Principal Place of Business

Mailing Address

3421 ST CONRAD ST
SUITE B ROOM A
TAMPA FL 33607

P O BOX 15656
TAMPA FL 33684

738580



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3005 West Columbus Drive

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P. O. Box 15656

City & State

City & State

Tampa, Florida

Tampa, FL 33684-5656

4. FEI Number

59-1315297

Applied For

Not Applicable

Zip

Country

33607

U.S.A.
Hillsborough

Zip

Country

33684-5656

U.S.A.

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

(Authorizing change of Principal Place of Bus.)

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN C. DIAZ

4/2/01

873-0256
Daytime Phone #

CR2E034 (10/00)