

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90351 015 ***150.00

DOCUMENT # 607677

1. Entity Name
TANK ERECTORS OF TAMPA, INC.

Principal Place of Business Mailing Address
P O BOX 5102 P O BOX 5102
TAMPA FL 33675 TAMPA FL 33675
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

ABDONEY, EMMETT E
111 E. MADISON STREET
SUITE 1100
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

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's 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, 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

TITLE NAME ☐ Delete
DP ALLEN, HUBERT
 STREET ADDRESS **18460 BOYETTE RD**
 CITY-STATE-ZIP **LITHIA, FL 00000**

TITLE NAME ☐ Delete
VP ALLEN, RANDY
 STREET ADDRESS **17612 DORMAN RD**
 CITY-STATE-ZIP **LITHIA FL**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-STATE-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:

Hubert Allen **HUBERT ALLEN, PRES.** 4/18/01 813/623-8675
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2E034 (10/00)