

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90053 037 ***150.00

DOCUMENT # 653265

1. Entity Name

TAMPA INDUSTRIAL MANAGEMENT COMPANY, INC.

Principal Place of Business

**3103 SAMARA DRIVE
TAMPA FL 33618-4307**

Mailing Address

**3103 SAMARA DRIVE
TAMPA FL 33618-4307**

2. Principal Place of Business

3. Mailing Address

GRAYBELL MGT. SVC., INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 560
3030 N. ROCKY POINT DR. W.**

City & State

City & State

TAMPA FL.

Zip

Country

Zip

Country

33607

U.S.A.

4. FEI Number

59-2046589

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

**CARLSTEDT, JAMES J
3103 SAMARA DRIVE
TAMPA FL 33618-4307**

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

James J. Carlstedt

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, 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	DPST	<input type="checkbox"/> Delete
NAME	CARLSTEDT, JAMES J	
STREET ADDRESS	3103 SAMARA DRIVE	
CITY-ST-ZIP	TAMPA FL 33618-4307	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

James J. Carlstedt

Date

Daytime Phone #

4/27/01

813-960-5601

CR2E034 (10/00)