

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90027 031 ****70.00

DOCUMENT # 703662

1. Entity Name
SALES AND MARKETING EXECUTIVES OF TAMPA BAY, INC



Principal Place of Business
**1515 N. WESTSHORE BLVD.
TAMPA FL 33607
US**

Mailing Address
**1515 N. WESTSHORE BLVD.
TAMPA FL 33607
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6153325**

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

**COUNTER, JOHN A
1515 N. WESTSHORE BLVD.
TAMPA FL 33607**

Name **Rolfe Arnhym**

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

1515 N. Westshore Blvd.

City **Tampa**

FL

Zip Code **33607**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/4/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2003

TITLE **PCED** ☐ Delete
NAME **ARNHYM, ROLFE**
STREET ADDRESS **P.O. BOX 23483**
CITY-ST-ZIP **TAMPA FL 33623-3483**

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

TITLE **PCD** ☐ Delete
NAME **COUNTER, JOHN**
STREET ADDRESS **P.O. BOX 23483**
CITY-ST-ZIP **TAMPA FL 33623-3483**

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

TITLE **CD** ☐ Delete
NAME **REYNOLDS, BETTY**
STREET ADDRESS **P.O. BOX 23483**
CITY-ST-ZIP **TAMPA FL 33623-3483**

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

TITLE **1CED** ☐ Delete
NAME **SEITZ, HANK**
STREET ADDRESS **P.O. BOX 23483**
CITY-ST-ZIP **TAMPA FL 33623-3483**

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

TITLE **2CED** ☐ Delete
NAME **TERP, STEVE**
STREET ADDRESS **P.O. BOX 23483**
CITY-ST-ZIP **TAMPA FL 33623-3483**

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

TITLE **STD** ☐ Delete
NAME **FREY, BOB**
STREET ADDRESS **P.O. BOX 23483**
CITY-ST-ZIP **TAMPA FL 33623-3483**

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rolfe Arnhym

6/4/03 813-289-1575

CR2E037 (10/02)