

2000 UNIFORM BUSINESS REPORT (UBR)

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

07-24-2000 90014 005 ****70.00

DOCUMENT # 768464

1. Entity Name
 TAMPA BAY ARMS COLLECTORS, Inc. ✓

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**

P.O. Box 2313 P.O. Box 2313

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

City & State **City & State**

LARGO, FL LARGO, FL

Zip **Country** **Zip** **Country**

33779 PINELLAS 33779 PINELLAS

4. FEI Number **Applied For**

59-236366L ☐ ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARK T. KUBES
 8440 ULMERTON ROAD, SUITE 502
 LARGO, FL 33771

7. Name and Address of New Registered Agent

Name BOBBY DOBBS

Street Address (P.O. Box Number is Not Acceptable)
 1369 REGINA DRIVE WEST

City LARGO **FL** **Zip Code** 33770

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 Bobby D. Dobbs **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

(See criteria on back) **After MAY 1, 2000 Fee will be \$550.00** **Trust Fund Contribution.**

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VICE PRESIDENT DIRECTOR <input type="checkbox"/> Delete	NAME JOE LYMAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14449 OAKGLEN DR. N.	CITY-ST-ZIP LARGO, FL 33710	NAME	
TITLE DIRECTOR <input type="checkbox"/> Delete	NAME HORACE BOUNDS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1219 RUSSELL DRIVE N.	CITY-ST-ZIP ST. PETERSBURG, FL 33710	NAME	
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME DONALD LAUSTER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1260 WELLINGTON DR.	CITY-ST-ZIP CLEARWATER, FL 33546	NAME	
TITLE DIRECTOR <input type="checkbox"/> Delete	NAME MARY LAUSTER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1260 WELLINGTON DR.	CITY-ST-ZIP CLEARWATER, FL 33546	NAME	
TITLE DIRECTOR <input type="checkbox"/> Delete	NAME BOBBY DOBBS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1369 REGINA DR. WEST	CITY-ST-ZIP LARGO, FL 33770	NAME	
TITLE DIRECTOR <input checked="" type="checkbox"/> Delete	NAME NORMAN HOLMES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7003 FORREST VIEW CT.	CITY-ST-ZIP TAMPA, FL	NAME	

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: Bobby D. Dobbs **7/19/2000** **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)