

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 046 ***158.75

DOCUMENT # F01000003354

1. Entity Name

Tampa Top Brass Marketing & Services, Inc.

DO NOT WRITE IN THIS SPACE

642663

2. Principal Place of Business

5118 N. 56th Street

Suite, Apt. #, etc.

Suite 105

City & State

Tampa, FL

Zip

33610

Country

USA

3. Mailing Address

1828 Swift

Suite, Apt. #, etc.

Suite 401

City & State

N. Kansas City, MO

Zip

64116

Country

USA

4. FEI Number

74 3003770

Applies For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARY KAY GLAZE

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

5118 N. 56th Street, Suite 105

Tampa

FL

Zip Code

33610

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

MARY KAY GLAZE

Mary Kay Glaze

2/28/02

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See instructions on back)

☒

JANUARY 1, 2002 - MAY 1, 2002
FEE: \$150.00
AND MAY 1, 2002 - MAY 1, 2003
FEE: \$150.00
CANCELED UBR: \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
First Fund Contribution

☐

\$5.00 May be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

President
A. Keith Phillips
7713 N. Laurel Court
Kansas City, Mo. 64151

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

Sac / Treasurer
Terry V. Cartrite
2318 S. Eldridge
Lake Wood, Co 80228

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like employment.

SIGNATURE:

A. Keith Phillips President

3/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034B (12/01)