

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90099 023 ***150.00

DOCUMENT # F01000006175

1. Entity Name
TAMPA INVESTMENT SERVICES, INC.

Principal Place of Business
2525 E. HILLSBOROUGH AVE. #121
TAMPA FL 33610

Mailing Address
1005 TERMINAL WAY
STE 110
RENO NV 89502

2. Principal Place of Business
119 Bullard Parkway
D
Suite, Apt. #, etc.

3. Mailing Address
1621 E Highway 50
C
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Carson City, NV

4. FEI Number **88-0511510**

Applied For
Not Applicable

Zip
33617

Country

Zip

89701

Country

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

COTHERN, ROBERT
2525 E. HILLSBOROUGH AVE #121
TAMPA FL 33610

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 _____ **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. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	THOMAS, TRINA L	
STREET ADDRESS	1005 TERMINAL WAY, STE 110	
CITY-ST-ZIP	RENO NV	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAULSON, THRESA N	
STREET ADDRESS	1005 TERMINAL WAY, STE 110	
CITY-ST-ZIP	RENO NV	
TITLE	S	<input type="checkbox"/> Delete
NAME	BECKER, SHARI L	
STREET ADDRESS	1005 TERMINAL WAY, STE 110	
CITY-ST-ZIP	RENO NV	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACK, LINDSAY B	
STREET ADDRESS	1005 TERMINAL WAY, STE 110	
CITY-ST-ZIP	RENO NV	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1621 E Highway 50 Ste C
CITY-ST-ZIP	Carson City, NV 89701
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1621 E Highway 50 Ste C
CITY-ST-ZIP	Carson City, NV 89701
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1621 E Highway 50 Ste C
CITY-ST-ZIP	Carson City, NV 89701
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1621 E Highway 50 Ste C
CITY-ST-ZIP	Carson City, NV 89701
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lindsay Mack*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02 **402-464-7446**
Date Daytime Phone #

CR2E034 (9/01)