

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42896

1. Entity Name

FIRST TAMPA CORPORATION

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90055 011 ***150.00

Principal Place of Business

Mailing Address

2117 S. BABCOCK STREET
SUITE 107

2117 S. BABCOCK STREET
SUITE 107
MELBOURNE FL 32901-5303
US

FL 32901
US

2. Principal Place of Business

1817 Shadowood Dr
Suite, Apt. #, etc.
215

3. Mailing Address

7817 Shadowood Dr
Suite, Apt. #, etc.
215



DO NOT WRITE IN THIS SPACE

City & State
WEST MELBOURNE, FL
Zip
32904

Country

City & State
WEST MELBOURNE, FL
Zip
32904

Country

4. FEI Number 59-2165649

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

BARNES, ROBERT
2117 S BABCOCK STREET
STE 107
MELBOURNE FL 32901

Name

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

7817 Shadowood Drive
#215

City WEST MELBOURNE FL Zip Code 32904

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

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	BARNES, ROBERT I.	
STREET ADDRESS	2117 S BABCOCK ST #107	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	7817 Shadowood Drive #215	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BARNES

Date

2/22/00 (321) 956-8100

Daytime Phone #

CR2E034 (9/99)