

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90359 037 \*\*\*550.00

**DOCUMENT # G83085**

1. Entity Name  
**VIJAY'S OF TAMPA, INC.**

Principal Place of Business  
**10924 NEBRASKA AVENUE  
 TAMPA FL 33612**

Mailing Address  
**10924 NEBRASKA AVENUE  
 TAMPA FL 33612**

120864



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2384025**

Applied For

Not Applicable

Zip

Country

Zip

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

**WEINSTEIN, IRA ESQUIRE  
 2021 E 7TH AVE  
 TAMPA FL 33605**

**Roger Rigan  
 200 W Martin Lk  
 Tampa FL  
 33603**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROGER V. RIGAN**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

**7/12/02**  
 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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **PD**  
 NAME **BURNS, BETTY JO** **Seal (P)** ☐ Delete  
 STREET ADDRESS **200 W MARTIN LUTHER KING**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **William J. Redmond** ☐ Change ☒ Addition  
 NAME **804 ANDIE ST**  
 STREET ADDRESS **Tampa FL 33612** **(VP)**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ERNEST SEAL** ☐ Change ☒ Addition  
 NAME **1901 WALLACE BL LULZ**  
 STREET ADDRESS **LULZ FL 33549** **(C)**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Ruth Rigan** ☐ Change ☒ Addition  
 NAME **200 W M LK BLVD**  
 STREET ADDRESS **Tampa FL 33603** **(S/T)**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Betty Jo Burns**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Deadline Phone #

CR2E034 (4/02)