


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

| | | | |
|---|---------|---|-------------|
| DOCUMENT # G84490 | |  | |
| 1. Entity Name TAMPA TUBE CONTAINERS, INC. | | | |
| Principal Place of Business % VICTOR J. BOLSA 6605 ANDERSON RD TAMPA FL 33634 US | | Mailing Address % VICTOR J. BOLSA 6605 ANDERSON RD TAMPA FL 33634 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 4. FEI Number 59-2380822 | |
| | | Applied For <input type="checkbox"/> | |
| | | Not Applicable <input type="checkbox"/> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BOLSA, VICTOR J. 6605 ANDERSON RD TAMPA FL 33634 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |



MOORE CR2E034 (11/03)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLSA, VICTOR | NAME | |
| STREET ADDRESS | 6605 ANDERSON RD | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33634 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLSA, MARIANO | NAME | |
| STREET ADDRESS | 6605 ANDERSON RD | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33634 | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLSA, MARIA M | NAME | |
| STREET ADDRESS | 6605 ANDERSON RD | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33634 | CITY-ST-ZIP | |
| TITLE | VTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLSA, VICTOR J. | NAME | |
| STREET ADDRESS | 6605 ANDERSON RD | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33634 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 02/04/04-80005-010 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Victor J. Bolso* **1/27/04** **(813) 880-8823**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #