

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84490

FILED  
Feb 07, 2012  
Secretary of State

Entity Name: TAMPA TUBE CONTAINERS, INC.

**Current Principal Place of Business:**

VICTOR J. BOLSA  
18116 SPENCER RD  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

VICTOR J. BOLSA  
18116 SPENCER RD  
ODESSA, FL 33556 US

**New Mailing Address:**

FEI Number: 59-2380822      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOLSA, VICTOR J  
18116 SPENCER RD  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOLSA, VICTOR J  
Address: 18116 SPENCER RD  
City-St-Zip: ODESSA, FL 33556

Title: V  
Name: BOLSA, MARIANO  
Address: 18116 SPENCER RD  
City-St-Zip: ODESSA, FL 33556

Title: S  
Name: BOLSA, VICTOR J  
Address: 18116 SPENCER RD  
City-St-Zip: ODESSA, FL 33556

Title: VTD  
Name: BOLSA, VICTOR J  
Address: 18116 SPENCER RD  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTOR J. BOLSA

P

02/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date