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## **2000 UNIFORM BUSINESS REPORT (UBR) FILED** Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # G95807** 1. Entity Name ISTRIA, INC. 02-05-2000 90034 004 \*\*\*158.75 Principal Place of Business Mailing Address % J. BOB HUMPHRIES % J. BOB HUMPHRIES 501 EAST KENNEDY BLVD. - STE. 1700 501 EAST KENNEDY BLVD. - STE. 1700 TAMPA FL 33602 TAMPA FL 33602-5239 C0017297 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-2402642 Not America Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required \*\*: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUMPHRIES, BOB J Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD. **SUITE 1700 TAMPA FL 33602** City 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, 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 FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE TITLE ☐ Change ☐ Additio Delete HUMPHRIES, BOB J NAME NAME STREET ADDRESS 3000 HAWTHORNE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Delete TITLE TITLE ☐ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Additio NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Additio ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME

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 eport 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

(813) 222-1173

Date

Davlime Phone #