

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

N.W. Investment Group of Tampa, Inc.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90033 014 ***150.00

Principal Place of Business

Mailing Address

C0042287

2. Principal Place of Business

3. Mailing Address

19001 Sunlake Blvd
Suite, Apt. #, etc.

P.O. Box 2671
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lutz FL

City & State

Lutz, FL

4. FEI Number

59-2858800

Applied For

Not Applicable

Zip
33549

Country

USA

Zip

33548

Country

USA

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

Charles

Name

Charles A Hannah

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

19001 Sunlake Blvd.

City

Lutz

FL

Zip Code

33549

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

1/18/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
Charles A Hannah
19001 Sunlake Blvd
Lutz, FL 33548 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Charles A Hannah Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00
Date

(813) 307-0277
Daytime Phone #

CR2E034 (9/99)