

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90074 047 ***150.00

0621785 AT

DOCUMENT # J35195

1. Entity Name

C.T.A. ENTERPRISES OF TAMPA BAY, INC.

Principal Place of Business

~~524 W US 64~~ **4195 W US Hwy**
MURPHY NC 28906
US

Mailing Address

~~524 W US 64~~ **4195 W. US 64**
MURPHY NC 28906
US

2. Principal Place of Business

~~4195 W US 64~~ **4195 W. US 64**
Suite, Apt. #, etc.
1

3. Mailing Address

~~4195 W US 64~~ **4195 W. US 64**
Suite, Apt. #, etc.
1

City & State

Murphy NC

City & State

Murphy NC

Zip

28906

Country

USA

Zip

28906

Country

USA

4. FEI Number

59-2740783

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERZEL, PAT CPA
PERZEL, LARA PA CPA
3711 TAMPA RD STE 103
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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.

SIGNATURE

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 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SHOOKNER, ROBERT C.	
STREET ADDRESS	46 PRESERVE ROAD	
CITY-ST-ZIP	MURPHY NC	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SHOOKNER, JUNE R.	
STREET ADDRESS	46 PRESERVE ROAD	
CITY-ST-ZIP	MURPHY NC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shookner, Robert C	
STREET ADDRESS	27 ARTHUR WAY	
CITY-ST-ZIP	MURPHY NC 28906	
TITLE	Shookner, June R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	27 ARTHUR WAY	
STREET ADDRESS	MURPHY NC 28906	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JUNE R. SHOOKNER

4/8/02 828-837-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)