

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10684

1. Entity Name

GOLD UNLIMITED OF TAMPA, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90065 033 ***150.00

Principal Place of Business

Mailing Address

2302 N. DALE MABRY HWY.
TAMPA FL 33607

2302 N. DALE MABRY HWY.
TAMPA FL 33607-2549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0100666

Applied For

Not Applicable

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

GUIDA, ANGELO
1308 W. SLIGH AVE.
TAMPA FL 33604

Name

JAMES A. JIMENEZ

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

1308 W. SLIGH AVE

City

Tampa

FL

Zip Code

33604

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, 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	DP	<input type="checkbox"/> Delete
NAME	TAYLOR JR., WILLIAM B.	
STREET ADDRESS	#4 BRAESIDE PL	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TAYLOR, PATSY NAOMI	
STREET ADDRESS	#4 BRAESIDE PL	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TRIPOLINO, JOE, JR.	
STREET ADDRESS	2302 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33607	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

W. Byron Taylor, Jr.
SIGNATURE W. Byron Taylor, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

813-874-5420

Daytime Phone #

CR2E034 (9/99)