

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K41754**

1. Entity Name  
**SPECIALIZED TRANSPORT OF TAMPA BAY, INC.**

Principal Place of Business

% **BOBBY L. WEBB**  
**5614 E. POWHATAN AVE.**  
**TAMPA FL 33610**  
**US**

Mailing Address

**5614 E. POWHATAN AVENUE**  
**TAMPA FL 33610**  
**US**

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 **59-2915972**

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

**WEBB, BOBBY L.**  
**6 INDRIO BLVD**  
**INDIAN HARBOR BEACH FL 32937**

Name

**Webb, Bobby L**

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

**5614 E. Powhatan Avenue**

City

**Tampa**

**FL**

Zip Code

**33610**

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

**2/8/01**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEBB, BOBBY L.</b>	
STREET ADDRESS	<b>P.O. BOX 4144</b>	
CITY-ST-ZIP	<b>PATRICK AFB FL 32925</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LARRY, LA MARCUS W.</b>	
STREET ADDRESS	<b>808 WINDSOR CT</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>CST</b>	<input type="checkbox"/> Delete
NAME	<b>BROERS, TRACY L</b>	
STREET ADDRESS	<b>4114 E. OAKARA ROAD</b>	
CITY-ST-ZIP	<b>TAMPA FL-33617</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Webb, Bobby L</b>	
STREET ADDRESS	<b>5614 E. Powhatan Avenue</b>	
CITY-ST-ZIP	<b>Tampa, Florida 33610</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/8/01**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90057 034 \*\*\*150.00