

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN 11 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000003985

1. Entity Name

TAMPA TRADESMEN LLC

Principal Place of Business

Mailing Address

310 E. HARRISON ST  
TAMPA, FL 33602

2. Principal Place of Business

310 E. HARRISON ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

4. FEI Number

59-3639834

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

R. GALE PORTER JR  
314 E. HARRISON  
TAMPA, FL 33602

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, 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

TITLE NAME ☐ Delete

MEMBER / PRES  
R GALE PORTER  
2603 MEMORIAL  
TAMPA, FL 33618

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

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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 #

R. GALE PORTER

4/27/01

813 225 1200

CR2E034 (11/00)