

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87214

1. Entity Name  
**TAMPA TERMINALS, INC.**

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

05-16-2001 90214 040 \*\*\*150.00

Principal Place of Business

1900 S 20TH ST  
TAMPA FL 33605

Mailing Address

1900 S 20TH ST  
TAMPA FL 33605

2. Principal Place of Business

1803 Eastport Drive

Suite, Apt. #, etc.

3. Mailing Address

1803 Eastport Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number 65-0230110

Applied For

Not Applicable

Zip

33605-6709

Country

USA

Zip

33605-6709

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

SAVAGE, ARTHUR R  
1701 MARITIME BLVD  
TAMPA FL 33605

Name

Savage, Arthur R.

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

1803 Eastport Drive

City

Tampa

FL

Zip Code

33605-6709

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete  
NAME SAVAGE, ARTHUR R  
STREET ADDRESS 1701 MARITIME BLVD  
CITY-ST-ZIP TAMPA FL 33605

TITLE PSD ☒ Change ☐ Addition  
NAME Savage, Arthur R.  
STREET ADDRESS 1803 Eastport Drive  
CITY-ST-ZIP Tampa, FL 33605-6709

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E034 (10/00)