

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91303 044 ***150.00

DOCUMENT # L91614

1. Entity Name
TAMPA VACUUM, INC.



Principal Place of Business
**4202 E. BUSCH BLVD. 19651- BRUCE B
TAMPA FL 33617- DOWNS, BLVD
33647 SUITE B3**

Mailing Address
**4202 E. BUSCH BLVD. 19651- BRUCE B
TAMPA FL 33617- B. DOWNS
33647 BLVD. SUITE B3**



2. Principal Place of Business
**19651- BRUCE B. DOWNS BLVD.
SUITE B3**

3. Mailing Address
**19651- BRUCE B. DOWNS BLVD.
SUITE B3**

☐ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FLA.

City & State
TAMPA, FLA.

4. FEI Number **59-3025696**

Applied For
Not Applicable

Zip
33647

Country
USA

Zip
33647

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

**PEREZ, ROBERT D.
4202 E. BUSCH BLVD. 19651 BRUCE B. DOWNS,
TAMPA FL 33617 33647 BLVD. SUITE B3**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P PEREZ, ROBERT D.	4202 E. BUSCH BLVD. 19651 BRUCE B. DOWNS,	TAMPA FL 33617 33647 BLVD. SUITE B3

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

12. 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 10 or Block 11 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 *

**4/22/03 (813) 994-8189
(813) 988-5410**

CR2E034 (10/02)