

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90134 041 ***150.00

DOCUMENT # M71946

1. Corporation Name
TAMPA BAY STAGE SERVICES, INC.

Principal Place of Business

211 W WEST SHORE BLVD
SUITE 509
TAMPA FL 33607
US

Mailing Address

1211 W WEST SHORE BLVD
SUITE 509
TAMPA FL 33607
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1988

4. FEI Number

59-2872227

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

Country

9. Name and Address of Current Registered Agent

BASKETT, ELIZABETH
1211 W WEST SHORE BLVD
SUITE 509
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		<input type="checkbox"/> DELETE
DS	ECENIA, GREGORY V.	
STREET ADDRESS	8603 N GOMEZ AVE	
CITY-STATE-ZIP	TAMPA FL	
DM	PALEVEDA, PAUL	
STREET ADDRESS	4307 WATROUS AVE	
CITY-STATE-ZIP	TAMPA FL 33629	
DP	MCCANN, TERRY	
STREET ADDRESS	1516 KESTREL WAY	
CITY-STATE-ZIP	BRANDON FL	
DT	BASKETT, ELIZABETH	
STREET ADDRESS	5049 DRIFT TIDE DRIVE	
CITY-STATE-ZIP	NEW PORT RICHEY FL 34652	
DV	PALEVEDA, TIM	
STREET ADDRESS	4018 PALMIRA ST	
CITY-STATE-ZIP	TAMPA FL 33629	
D	DROPIN, DEAN	
STREET ADDRESS	P.O. BOX 23092 N/A	
CITY-STATE-ZIP	TAMPA FL 33623	

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 annual report or supplemental annual 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 12 or Block 13 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

Elizabeth Bassett 1-28-99 813-259-8469

CR2E034 (11/98)