

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90033 031 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # M71946

1. Entity Name
TAMPA BAY STAGE SERVICES, INC.

Principal Place of Business 1211 W WEST SHORE BLVD SUITE 509 TAMPA FL 33607 US	Mailing Address 1211 W WEST SHORE BLVD SUITE 509 TAMPA FL 33614-2669 US
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2. Principal Place of Business 7211 N. DATE Mabry Hwy Suite, Apt. #, etc. # 209	3. Mailing Address 7211 N. DATE Mabry Hwy Suite, Apt. #, etc. # 209
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City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-2872227	Applied For <input type="checkbox"/>
Zip 33614	Country USA	Zip 33614	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BASKETT, ELIZABETH
 1211 W WEST SHORE BLVD
 SUITE 509
 TAMPA FL 33607

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 7211 N. DATE Mabry Hwy
 # 209
 City TAMPA FL Zip Code 33614

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 Elizabeth Baskett DATE 2-8-00
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, 2000 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 STREET ADDRESS CITY-ST-ZIP	DS ECENIA, GREGORY V. 8603 N GOMEZ AVE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM PALEVEDA, PAUL 4307 WATROUS AVE TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCANN, TERRY 1516 KESTREL WAY BRANDON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BASKETT, ELIZABETH 5049 DRIFT TIDE DRIVE NEW PORT RICHEY FL 34652 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PALEVEDA, TIM 4018 PALMIRA ST TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROPIN, DEAN P.O. BOX 23092 N/A TAMPA FL 33623 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elizabeth Baskett DATE 2-8-00 813-931-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)