

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M71946

1. Entity Name

TAMPA BAY STAGE SERVICES, INC.

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

02-15-2000 90033 031 ***150.00

Principal Place of Business

Mailing Address

1211 W WEST SHORE BLVD
SUITE 509
TAMPA FL 33607
US

1211 W WEST SHORE BLVD
SUITE 509
TAMPA FL 33614-2669
US

2. Principal Place of Business

3. Mailing Address

7211 N. Dale Mabry Hwy
Suite, Apt. #, etc.
209

7211 N. Dale Mabry Hwy
Suite, Apt. #, etc.
209

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33614

Country
USA

Zip
33614

Country
USA

4. FEI Number 59-2872227

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

7211 N. Dale 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 Bassett*

(NOTE: Registered Agent signature required when reinstating)

2-8-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS
NAME ECENIA, GREGORY V.
STREET ADDRESS 8603 N GOMEZ AVE
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE DM
NAME PALEVEDA, PAUL
STREET ADDRESS 4307 WATROUS AVE
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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

TITLE DP
NAME MCCANN, TERRY
STREET ADDRESS 1516 KESTREL WAY
CITY-ST-ZIP BRANDON FL ☐ Delete

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

TITLE DT
NAME BASKETT, ELIZABETH
STREET ADDRESS 5049 DRIFT TIDE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE DV
NAME PALEVEDA, TIM
STREET ADDRESS 4018 PALMIRA ST
CITY-ST-ZIP TAMPA FL 33629 ☐ Delete

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

TITLE D
NAME DROPIN, DEAN
STREET ADDRESS P.O. BOX 23092 N/A
CITY-ST-ZIP TAMPA FL 33623 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Director GARY RATLIFF
1815 N. Taylor RD.
BRANDON FL. 33511

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

2-8-00

Date

813-931-4512

Daytime Phone #

CR2E034 (9/99)