

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M71946

1. Entity Name

TAMPA BAY STAGE SERVICES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90132 040 ***150.00

Principal Place of Business
7211 N. DALE MABRY HWY
#209
TAMPA FL 33614
US

Mailing Address
7211 N. DALE MABRY HWY
#209
TAMPA FL 33614
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2872227**

Applied For
Not Applicable

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

BASKETT, ELIZABETH
7211 N. DALE MABRY HWY
#209
TAMPA FL 33614

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.

SIGNATURE *Elizabeth Baskett*
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	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECENIA, GREGORY V.			NAME			
STREET ADDRESS	8603 N GOMEZ AVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE	DM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALEVEDA, PAUL			NAME			
STREET ADDRESS	4307 WATROUS AVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCANN, TERRY			NAME			
STREET ADDRESS	1516 KESTREL WAY			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BASKETT, ELIZABETH			NAME			
STREET ADDRESS	5049 DRIFT TIDE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALEVEDA, TIM			NAME			
STREET ADDRESS	4018 PALMIRA ST			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATLIFF, GARY			NAME			
STREET ADDRESS	1815 N. TAYLOR RD			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511			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:

Elizabeth Baskett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 813-951-9712

CR2E034 (10/00)