

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90293 022 ***150.00

DOCUMENT # M77012

1. Entity Name

GARCIA ENTERPRISES OF TAMPA, INC.



Principal Place of Business
1122 94TH AVENUE N
SAINT PETERSBURG FL 33702
US

Mailing Address
1122 94TH AVENUE N
SAINT PETERSBURG FL 33702
US



2. Principal Place of Business

1700 S. MacDill Ave

3. Mailing Address

1700 S. MacDill Ave.

Suite, Apt. #, etc.

Suite 260

Suite, Apt. #, etc.

Suite 260

City & State

Tampa, FL 33629

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33629

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2892779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARTIN L.
1122 94TH AVENUE NORTH
SAINT PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

Martin L. Garcia

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

1700 S. MacDill Avenue

Suite 260

City

Tampa

FL

Zip Code

33629

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

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

(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

TITLE **DCT** ☐ Delete
NAME **GARCIA, MANUEL**
STREET ADDRESS **4933 NEW PROVIDENCE RD**
CITY-ST-ZIP **TAMPA FL**

TITLE **DP** ☐ Delete
NAME **GARCIA, MARTIN L.**
STREET ADDRESS **5216 NEPTUNE WAY**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **SD** ☐ Delete
NAME **GARCIA, ADELINE**
STREET ADDRESS **4933 NEW PROVIDENCE RD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **DV** ☒ Delete
NAME **GARCIA, MARSHALL S.**
STREET ADDRESS **16011 AMBERLY WAY**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCT** ☒ Change ☐ Addition
NAME **Garcia, Manuel**
STREET ADDRESS **1700 S. MacDill Avenue, Sk 260**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **DP** ☒ Change ☐ Addition
NAME **Garcia, Martin L**
STREET ADDRESS **1700 S. MacDill Avenue, Sk 260**
CITY-ST-ZIP **Tampa, FL 33629**

TITLE **SD** ☒ Change ☐ Addition
NAME **Garcia, Adeline**
STREET ADDRESS **1700 S. MacDill Avenue, Sk 260**
CITY-ST-ZIP **Tampa, FL 33629**

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

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

TITLE ☐ Change ☐ Addition
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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

7272703

Daytime Phone #

CR2E034 (10/02)