2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am Secretary of State **DOCUMENT # M77541** 1. Entity Name TBG OF TAMPA, INC. 05-04-2001 90061 037 ***150.00 Principal Place of Business Mailing Address 6091 JOHNS RD 6091 JOHNS RD SUITE 1 SUITE 1 TAMPA FL 33634-4412 TAMPA FL 33634-4412 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2898032 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name R. JAMES ROBBINS, JR. . Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD **SUITE 3700** TAMPA FL 33602-0000 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 DC ☐ Change ☐ Addition ☐ Detete TITLE TITLE HERNANDEZ, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 6091 JOHNS RD STE 1 CITY-ST-7/P CITY-ST-ZIP TAMPA FL 33634-4412 DP Delete Change ☐ Addition TITLE TITLE NAME SPECTOR, HERBERT NAME STREET ADDRESS 6091 JOHNS RD STE 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634-4412 TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 address, with all other like empowered. changed, or on an attach

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/CARLOS A. HERNANDEZ, CEO 04/20/01

ED NAME OF SIGNING OFFICER HORROSOFSPECTOR, PRESIDENT Da 04/20/01

(813)

(81/3) Phon/881-9555