

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M86155**

1. Entity Name
TAMPA BAY INTERNATIONAL SPORTS SCHOOL, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90071 041 ***150.00

0449288 AV

Principal Place of Business
1463 OAKFIELD DRIVE
SUITE 126
BRANDON FL 33511
US

Mailing Address
3815 SCOVIL LANE
VALRICO FL 33594
US

2. Principal Place of Business
18814 Place Antibes
Suite, Apt. #, etc.

3. Mailing Address
18814 Place Antibes
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number **59-2892249**

Applied For
☒ Not-Applicable

Zip **33558-5341** Country **Hillsborough**

Zip **33558-5341** Country **Hillsborough**

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

BIERLEY, JOHN C
100 N. TAMPA STREET
SUITE 2120
TAMPA FL 33602

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TAGASIRA, EIJI**
STREET ADDRESS **3815 SCOVIL LANE**
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

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

4/22/03
Date

(813) 999-0020
Daytime Phone #

CR2E034 (10/02)