

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90158 012 ****61.25

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1. Entity Name

TAMPA BAY KARMA THEG SUM CHOLING, INC.



Principal Place of Business

**13515 LAKE MAGDALENE BLVD.
TAMPA FL 33618**

Mailing Address

**PO BOX 10186
TAMPA FL 33679-1018**

60018289



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HALL, CRALLE H
13515 LAKE MAGDALENE BLVD.
TAMPA FL 33618**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HALL, CRALLE H**
STREET ADDRESS **13515 LAKE MAGDALENE BLVD.**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **D** ☐ Delete
NAME **THOMAS, MICHAEL F**
STREET ADDRESS **209 43RD AVE NE**
CITY-ST-ZIP **ST PETERSBURG FL 32703**

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

TITLE **T** ☒ Delete
NAME **ALEGARDES, HADRIAN**
STREET ADDRESS **13127 N 19TH STREET APT 129**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☒ Change ☒ Addition
NAME **CROCKETT, PETER**
STREET ADDRESS **2530 67 AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **S** ☐ Delete
NAME **BRITTON, DEBBIE**
STREET ADDRESS **625 ONTARIO AVE**
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 617, 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 ~~the~~ empowered.

SIGNATURE:

Michael F. Thomas **Michael F. Thomas** 3/24/2003 727 804 9200

CR2E037 (10/02)