

**N00000008144**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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AND  
FILED  
13 OCT 11 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
OCT 21 2013  
**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Tampa Bay Players, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N00000008144

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jannette Serckpor

Name of Contact Person

The Tampa Bay Players, Inc.

Firm/Company

2024 Blue Hawk Court Unit 1821

Address

Clearwater FL 33762

City/State and Zip Code

tamapabayplayers@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jannette Serckpor

Name of Contact Person

at ( 727 ) 455-1075

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Tampa Bay Players, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N00000008144

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jannette Serckpor

(Name of Person)

The Tampa Bay Players, Inc.

(Name of Firm/Company)

2024 Blue Hawk Court Unit 1821

(Address)

Clearwater FL 33762

(City/State and Zip Code)

For further information concerning this matter, please call:

Jannette Serckpor

(Name of Person)

at ( 727 ) 455-1075

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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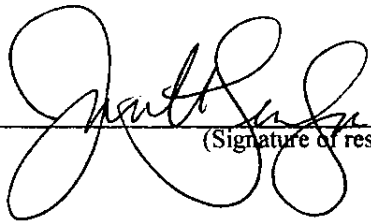
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jannette Serckpor, hereby resign as Vice President  
(Title)

of The Tampa Bay Players, Inc.  
(Name of Corporation)

N00000008144, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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AND  
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TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314