

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

FILED
Jul 28, 2003 8:00 am
Secretary of State
07-28-2003 90150 041 ****61.25

0012247

DOCUMENT # N02000006138

1. Entity Name

TAMPA BUSINESS BUILDERS, INC.



Principal Place of Business

6510 NORTH ARMENIA AVENUE
TAMPA FL 33604

Mailing Address

6510 NORTH ARMENIA AVENUE
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2293429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BURNS, BRIAN O DR
6510 NORTH ARMENIA AVENUE
TAMPA FL 33604

7. Name and Address of New Registered Agent

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
After September 10, 2003, min will be \$236.25

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

TITLE	P	REINHART, THOMAS R	<input checked="" type="checkbox"/> Delete
NAME		7211 NORTH DALE MABRY HWY, SUITE 223	
STREET ADDRESS		TAMPA FL 33614	
CITY-ST-ZIP			
TITLE	V	BURNS, BRIAN O DR	<input type="checkbox"/> Delete
NAME		6510 NORTH ARMENIA AVENUE	
STREET ADDRESS		TAMPA FL 33604	
CITY-ST-ZIP			
TITLE	S	MURRAY, SHEENA	<input type="checkbox"/> Delete
NAME		15702 NORTH DALE MABRY HWY	
STREET ADDRESS		TAMPA FL 33618	
CITY-ST-ZIP			
TITLE	T	WALTERS, WILLIAM H III	<input type="checkbox"/> Delete
NAME		1344 WEST FLETCHER AVENUE	
STREET ADDRESS		TAMPA FL 33612	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	DISCATELL, DONNA M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1900 LAND O' LAKES BLVD STE 106	
STREET ADDRESS		LUTZ, FL 33549	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	WALTERS, WILLIAM H III	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4890 W. KENNEDY BLVD	
STREET ADDRESS		Tampa, FL 33609	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Brian O Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-03

Date

Daytime Phone #

CR2E037 (4/03)