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

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90059 013 \*\*\*\*61.25

DOCUMENT # N02000007368

1. Entity Name  
**TAMPA BAY GROUP, INC.**



Principal Place of Business  
**13 BELLEVUE DR  
TREASURE ISLAND FL 33706**

Mailing Address  
**13 BELLEVUE DR  
TREASURE ISLAND FL 33706**

2. Principal Place of Business  
**13 Bellevue Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**13 Bellevue Dr.**  
Suite, Apt. #, etc.

City & State  
**Treasure Island, FL**  
Zip **33706** Country **USA**

City & State  
**Treasure Island, FL**  
Zip **33706** Country **USA**

4. FEI Number  
**52-2382029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**TYLER, HENRY W  
13 BELLEVUE DR  
TREASURE ISLAND FL 33706**

## 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 *Henry W. Tyler*  
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

TITLE **P** ☐ Delete  
NAME **TYLER, HENRY W**  
STREET ADDRESS **13 BELLEVUE DR**  
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **ST** ☐ Delete  
NAME **MILLER, ART**  
STREET ADDRESS **5288 ELK DR HUNTERS CROSSING**  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **TERESA A. Tyler** ☐ Delete  
NAME **5328 55th Ave N.**  
STREET ADDRESS **ST Pete, FL 33709**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE *Henry W. Tyler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)