

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03070

1. Entity Name

STAGE WORKS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90200 042 ****70.00

Principal Place of Business

120 ADRIATIC AVENUE
TAMPA FL 33606-3308

Mailing Address

120 ADRIATIC AVENUE
TAMPA FL 33606-3308

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

59-2465234

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRENNEN, ANNA
120 ADRIATIC AVENUE
TAMPA FL 33606

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	BRENNEN, ANNA	
STREET ADDRESS	120 ADRIATIC AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	☒ Delete
NAME	FENDA, PAT	
STREET ADDRESS	4612 LOWELL AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	☐ Delete
NAME	STERLING, WALLACE	
STREET ADDRESS	3421 PICO DRIVE	
CITY-ST-ZIP	TAMPA FL 33614	
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	Peter Hughes	
STREET ADDRESS	1406 W. Harrison Ave.	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

Anna Brennen 4/18/00 (813) 261-8984