

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90095 006 *****61.25

DOCUMENT # N26811

1. Entity Name

NAPM - TAMPA BAY, INC.

Principal Place of Business

1918 REDBRIDGE DR.
 BRANDON FL 33511
 US

Mailing Address

~~PO BOX 2024~~
 BRANDON FL 33509-2324
 US

*c/o Curtis Brown
 Verizon Logistics
 8800 Adams DR
 FLT 00638
 TAMPA, FL 33619*



2. Principal Place of Business

3. Mailing Address

1918 Redbridge DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRANDON, FL

4. FEI Number

59-1838116

Applied For

Not Applicable

Zip

Country

Zip

Country

33511

US

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

MORBACH, HERNY R
 1918 REDBRIDGE DR.
 BRANDON FL 33511

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUTHBERY, ROB C 3315 46TH PLAZA EAST BRADENTON FL 34203-3963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORBACH, HENRY 1918 REDBRIDGE DR. BRANDON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LADD, LISA 600 N WESTSHORE BLVD TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASS, M. E 3311 N. SAN MIGUEL TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRADDOCK, TEDDI 680 W DRIVE, M.L. KING BLVD PLANT CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOSTI, RAYMOND 120 W HYDE PARK PLACE TAMPA FL 33606	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOVERNOR DONALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOV ROB GRAYDON VERIZON MAIL CODE FLTP0638 8800 ADAMS DR TAMPA FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, CURT VERIZON MAIL CODE FLTP0638 8800 ADAMS DR TAMPA FL 33619	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE B. GLOTZBACK 116 CRAFT RD BRANDON, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

LEE B. GLOTZBACK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEE B. GLOTZBACK Transpose 4/26/2001
 (813) 258-6575
 ext 706

CR2E037 (10/00)