2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90183 004 ****70.00

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DOCUMENT # N95000000131

1. Entity Name

TAMPA BAY VETTES INC.

UU015746

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O SHIRLEY GORGEI 1002 S.HARBOUR ISLE BLVD.BLDG. C1 #1403 TAMPA FL 33602 US	C/O BRUNO. FRANCIS P.O BOX 130882 TAMPA FL 33681-0882 US

2. Principal Place of Business	3. Mailing Address
C/O JOHN HUNTER	C/O JOHN HUNTER
Suite, Apt. #, etc.: 508 SEVERN AVE.	Suite, Apt. #, etc.: 508 SEVERN AVE.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

4. FEI Number: 59-2041417 ☐ Applied For ☐ Not Applicable

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
GORGEI, SHIRLEY 1002 SOUTH HARBOUR ISLE BLVD. BLDG. C1, #1403 TAMPA FL 33602	Name: JOHN HUNTER Street Address (P.O. Box Number is Not Acceptable): 508 SEVERN AVE. City: TAMPA FL Zip Code: 33606

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.

X SIGNATURE: _____ , JOHN HUNTER 02/05/01
(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 GORGEI, SHIRLEY 1002 S. HARBOUR ISLE BLVD. 1403 TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUNTER, JOHN 508 SEVERN AVE. TAMPA, FL 33606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUNTER, IRENE 508 SEVEN AVE TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSON, CAROL 29350 DOWNY PLACE WESLEY CHAPEL FL 33544	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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.

X SIGNATURE: _____ JOHN HUNTER 02/05/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #