

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000131

1. Entity Name
TAMPA BAY VETTES INC.



Principal Place of Business
**C/O RANDOLPH A. NIELSEN
6002 HAMMOCK HILL
LITHIA, FL 33547 US**

Mailing Address
**C/O RANDOLPH A. NIELSEN
6002 HAMMOCK HILL
LITHIA, FL 33547 US**



03102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**NIELSEN, RANDOLPH A
6002 HAMMOCK HILL
LITHIA, FL 33547**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000088674
03/15/04-80060-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NIELSEN, RANDOLPH A
6002 HAMMOCK HILL
LITHIA, FL 33547**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
FARRUGGIO, THOMAS R
9435 LARK BUNTING DR.
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SAMBHU, MOHIT
1552 BROKEN BRANCH DR.
WESLEY CHAPEL, FL 33543**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CINTRON, ARNALDO
2324 SOUTHERN LITES
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 affidavit with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

Daytime Phone #

RANDOLPH A. Nielsen, Pres.