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

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90165 034 ****61.25

DOCUMENT # N95000000131

1. Entity Name

TAMPA BAY VETTES INC.

Principal Place of Business	Mailing Address
C/O JOHN HUNTER 508 SEVERN AVE TAMPA FL 33606 US	C/O JOHN HUNTER 508 SEVERN AVE TAMPA FL 33606 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
C/O RANDOLPH A. NIELSEN	C/O RANDOLPH A. NIELSEN
Suite, Apt. #, etc.: 6002 HAMMOCK HILL	Suite, Apt. #, etc.: 6002 HAMMOCK HILL
City & State: LITHIA FL	City & State: LITHIA FL
Zip: 33547 Country: USA	Zip: 33547 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
HUNTER, JOHN 508 SEVERN AVEN TAMPA FL 33606	Name: RANDOLPH A. NIELSEN Street Address (P.O. Box Number is Not Acceptable): 6002 HAMMOCK HILL City: LITHIA FL Zip Code: 33547

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: RANDOLPH A NIELSEN PRES. 8/12/03
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
After September 10, 2003, min will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRAWFORD, TOM 3906 FAIRLGA CIRCLE PLANT CITY FL 33567	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RANDOLPH A NIELSEN 6002 HAMMOCK HILL LITHIA FL 33547	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JENSEN, RHONDA 1800 HITCHING POST PLACE PLANT CITY FL 33567	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMAS R FARRUGGIO 9435 LARKBUNTING DRIVE TAMPA FL 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUNTER, JOHN 508 SEVERN AVE TAMPA FL 33606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MOHIT SAMBHU 1552 BROKENBRANCH DRIVE WESLEY CHAPEL FL 33543	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHEVILLOT, ANNE 3021 FOREST HAMMOCK DR. PLANT CITY FL 33567	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARNALDO CINTRON 2324 SOUTHERN LITES LUTZ FL 33549	☐ 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 (4/03)

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 REQUIRED THOMAS R. FARRUGGIO VP 8/12/03 (813)973-3656