

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # N95000002784

1. Entity Name

READ TAMPA BAY, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-02-2000 90013 025 ****61.25

Principal Place of Business 4602 NORTH SEMINOLE AVENUE TAMPA FL 33603	Mailing Address 4602 NORTH SEMINOLE AVENUE TAMPA FL 33603-3745
---	--

2. Principal Place of Business 2222 North Tampa Street Suite, Apt. #, etc. Suite 211 1	3. Mailing Address 2222 North Tampa Street Suite, Apt. #, etc. Suite 211
---	---

City & State Tampa, Florida 33602	City & State Tampa, Florida 33602
--------------------------------------	--------------------------------------

Zip 33602	Country Hillsborough	Zip 33602	Country Hillsborough
--------------	-------------------------	--------------	-------------------------



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3320934	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent PEREZ, JOE 4602 NORTH SEMINOLE AVENUE TAMPA FL 33603

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOE 4602 N. SEMINOLE AVENUE TAMPA FL 33603 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JODI 1505 N. NEBRASKA AVENUE TAMPA FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, EDDIE P.O. BOX 1121 N/A ST. PETERSBURG FL 33731 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 D Harline Roberts 1202 E. Palm Avenue Tampa, Florida 33605 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D Denise Moen P. O. Box 292 Brooksville, Florida 34605 <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>SIGNATURE REQUIRED</u>	Date: <u>1/18/00</u>	Daytime Phone #: <u>(813) 276-5666</u>
--------------------------------------	----------------------	--

CR2E037 (9/99)