2000 UNIFORM BUSINESS REPAR (UBR)

DOCUMENT # N95000002784

READ TAMPA BAY, INC.

4602 NORTH SEMINOLE AVENUE TAMPA FL 33603

Principal Place of Business

Mailing Address

4602 NORTH SEMINOLE AVENUE TAMPA FL 33603-3745

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

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



2. Principal Pla	ace of Business	3. Mailing Address		1 1						
	h Tampa Street	2222 North Tampa Street				_				
Suite, Apt. #, etc. Suite 211 1		Suite, Apt. #, etc. Suite 211				DO NOT WRITE IN THIS SPACE				
City & State Tamp e	, Florida 33602	City & State Tampa, Florida 33602			4. FÉI Nu	4. FEI Number 59-3320934			Applicable	
Zip	Country	Zip		intry	5. Certific	ate of Status		B.75 Addi		
33602	Hillsborough	33602	Hi11	sborougt	<u>} </u>			ee Required		
	6. Name and Address of Current	Registered Agent		None	7. Name	and Address	of New Registered A	ent		
	• -	· •	•	Nam <u>e</u>	<u>-</u>					
PEREZ, JOE					Street Address (P.O. Box Number is Not Acceptable)					
	TH SEMINOLE AVENUE									
TAMPA FL										
17 4417 74 7 4				City			FL	Zip Code)	
O. The shave	named entity submits this statement fo	r the purpose of changing its	rogiotor	od office or	rogistored agent o	hoth in the	state of Florida	<u>ــــــــــــــــــــــــــــــــــــ</u>		
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SIGNATURE _										
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signatu	ife required when reinstation	9)	DATE			
FILE NOW: 9. Election Campaign Financi					¢5 (10 v., p.		Make Check F	avable to	1	
	FEE IS \$61.25	Trust Fund Contrib	g	\$5.00 May Be Added to Fees	1	Department of State				
	F EE 13 401.23	1				\	_ 	-1, -14,14		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS	/CHANGES 1	O OFFICERS AND DIF	ECTORS IN	10 -	
TITLE	D	☐ Delete	πα	LE	3 D			Change	Addition	
NAME	PEREZ, JOE		NAN		Harline Rob					
STREET ADDRESS	4602 N. SEMINOLE AVENUE			EET ADDRESS	1202 E. Palı		OF			
CITY-ST-ZIP	TAMPA FL 33603		CIT	Y-ST-ZIP	Tampa, Flor	ida 336	<u>us</u>			
TITLE	D	🔀 Delete	TITE		PD			Charige	☐ Addition	
NAME	COHEN, JODI		NAM		Demise Moen	n				
STREET ADDRESS CITY-ST-ZIP	1505 N. NEBRASKA AVENUE			Y-ST-ZIP	P. O. Box 29. Brooksville,	Z Florida	34605 ·			
	TAMPA FL 33602	NT n	_		DECURSVILLE,	PHOLIDA	34007	Charles :	Addition	
TITLE	D SHOPAN EDDIE	Delete	TITI NA		}			C. Cuande	L Addition	
STREET ADDRESS	MORAN, EDDIE P.O. BOX 1121 N/A			REET ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 33731			Y-ST-ZIP						
TITLE	OI. FLICIODUNA IL 30131	Delete	TIT	LE	 			Change	Addition	
NAME	1	<u></u>	NA		ļ					
STREET ADDRESS			STI	REET ADDRESS)					
CITY-ST-ZIP			CIT	Y-ST-ZIP						
TITLE		☐ Delete	TIT	LE			-	☐ Change	☐ Addition	
NAME	l			ME						
STREET ADDRESS			4	REET ADDRESS	'					
CITY-ST-ZIP			CII	(Y-ST-ZIP						
TITLE	}	☐ Delete		nle	Į.			☐ Cha∩ge	Addition	
NAME				ME	1					
STREET ADDRESS			• •	REET ADORESS						
CITY-ST-ZIP			_	IY-ST-ZIP	<u> </u>					
12. I hereby Indicated	certify that the information supplied will d on this report or supplemental report proporation or the receiver or trustee emit d, or on an attachment with an address.	in this filling does not qualify in its true and accurate and that	or the ex my sign	emption sta ature shall l	ated in Section 119. have the same lega apter 617. Elevido 9	or(3)(i), Floric l'effect as if m	nade under oath; that I a	am an officer	or director	
changed	it, or on an attachment with an address,	with all other like empowered	d.	uneu by Ch	aprei 617, Florida 3	acutes, and t	HET HA LIGHTS OFFICERS I	I DIOUN TO U	. DIOUR T(I)	
	(manufact	I have a consequence of the	<u> </u>		. احداد		(0,2)00			

SIGNATURE:

SIGHTURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

013/2/6-3666 Date Daytime Phone #