

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004393

1. Entity Name

THAP ENTERPRISE GROUP, INC.

Principal Place of Business

5015 N 22ND ST
TAMPA FL 33610

Mailing Address

5015 N 22ND ST
TAMPA FL 33610-5016

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3462233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, CARL
5015 N 22ND ST
TAMPA FL 33610

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

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

TITLE PD
NAME COLE, ROBERT SR
STREET ADDRESS 11719 TOM FOLSOM RD
CITY-ST-ZIP TAMPA FL 33592 ☐ Delete

TITLE VD
NAME SHIPP, ROBERT
STREET ADDRESS 4424 ATWATER DRIVE
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE SD
NAME SADLER, GEORGE W
STREET ADDRESS 5095 E PALM AVE
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

TITLE TD
NAME JONES, LOUIS
STREET ADDRESS 222 FAITHWAY DR
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE D
NAME HAMMOND, JAMES A
STREET ADDRESS 2505 19TH AVE
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE D
NAME SCOTT, ROBERT R
STREET ADDRESS 3604 RIVERGROVE DRIVE
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90073 046 ****61.25



DO NOT WRITE IN THIS SPACE

4/28/00 (813) 237-6800