

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004393

1. Entity Name

THAP ENTERPRISE GROUP, INC.

Principal Place of Business

Mailing Address

400 E PALM AVE
TAMPA FL 33602

400 E PALM AVE
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

KLEIN, CARL
5015 N 22ND ST
TAMPA FL 33610

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition
NAME MACK, MONROE
STREET ADDRESS 3002 ST CONRAD
CITY-ST-ZIP TAMPA, FL

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 28, 2002 8:00 am
Secretary of State

05-28-2002 91790 049 ****61.25

B0119152



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

5/1/02 813-218-9021