

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # N99000000012 1. Entity Name 13 UGLY MEN, INC.		
Principal Place of Business 306 E TYLER STREET TAMPA, FL 33602	Mailing Address 306 E TYLER STREET FL 2 TAMPA, FL 33602-3840	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FEINBERG, RICHARD B 306 E TYLER STREET, FL. 2 TAMPA, FL 33602-3840		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEINBERG, RICHARD B 306 E TYLER STREET TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEZRAH, LEE 5350 W KENNEDY BLVD TAMPA, FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, PATRICK R 306 W TYLER STREET STE 300 E TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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: Patrick R. Smith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/15/05 813 229-2221 Date Daytime Phone #



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3605715	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**