

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004711

1. Entity Name
4 GUYS FROM TAMPA, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90001 033 ***150.00

Principal Place of Business
4532 W. KENNEDY BLVD.
#325
TAMPA FL 33609

Mailing Address
4532 W. KENNEDY BLVD.
#325
TAMPA FL 33609

949068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1337 EASTWOOD DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
LUTZ, FL

City & State

4. FFL Number
59-3621032

Applied For
Not Applicable

Zip
33549

Country
USA

Zip

Country

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

BALLARD, WILLIAM T
1337 EASTWOOD DR.
LUTZ FL 33549

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROBERT WOODARD
4003 S. WEST SHORE BLVD. #2810
TAMPA, FL 33611

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
WILLIAM T. BALLARD
1337 EASTWOOD DRIVE
LUTZ FL 33549

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
PETER MALLHAM
10012 REMINGTON DRIVE
LIVERVIEW, FL 33569

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM T. BALLARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01
Date

813-758-2733
Daytime Phone #

CR2E034 (10/00)