

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90016 004 \*\*\*150.00

DOCUMENT # P 0000001003 9

1. Entity Name

ST. SUGGERS, INC

Principal Place of Business

12905 VICKS BULV DE  
 TAMPA, FL 33625

Mailing Address

12905 VICKS BULV DE  
 TAMPA, FL 33625

2. Principal Place of Business

TAMPA

Suite, Apt. #, etc.

3. Mailing Address

8915 CASA BLANCA WAY

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

Zip

Country

33625

Country

USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ALAN F. GONZALEZ, PA  
 1602 W. SLIGH AVE  
 SUITE 300  
 TAMPA, FL 33604-5809

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	John F TAMARCO SR 12905 VICKS BULV DE TAMPA, FL 33625	<input type="checkbox"/> Delete PRO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY A. TAMARCO 12905 VICKS BULV DE TAMPA, FL 33625	<input type="checkbox"/> Delete V.P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John F TAMARCO JR 12905 VICKS BULV DE TAMPA, FL 33625	<input type="checkbox"/> Delete SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John F TAMARCO JR 12905 VICKS BULV DE TAMPA, FL 33625	<input type="checkbox"/> Delete TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

CR2E034 (11/00)