

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016606

1. Entity Name

T & B REALTY CORPORATION

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90307 025 ***150.00

Principal Place of Business

11404 2ND STREET NORTH #3
ST.PETERSBURG FL 33716

Mailing Address

11404 2ND STREET NORTH #3
ST.PETERSBURG FL 33716

745126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3625816

Applied For

Not Applicable

Zip

Country

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

~~O'CONNOR, PATRICK M~~
~~2240 BELLEAIR RD., STE 160~~
~~% PATEL & O'CONNOR, P.A.~~
~~CLEARWATER FL 33764~~

Anthony Ferrini
11404 2ND ST N 3
St Petersburg FL
33716

Name

Anthony Ferrini

Street Address (P.O. Box Number is Not Acceptable)

11404 2ND ST N #3

City

St. Petersburg

FL

Zip Code

33716

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

D
FERRINI, ANTHONY P
11404 2ND STREET NORTH #3
ST.PETERSBURG FL 33716

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FERRINI, ROBERT P
11404 2ND STREET NORTH #3
ST.PETERSBURG FL 33716

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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

4/10/01

Date

727-578-9675

Daytime Phone #

CR2E034 (10/00)