

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90126 039 ***150.00

DOCUMENT # **P000000016606**

1. Entity Name

T & B REALTY CORP.



30037010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11201 122ND AVE N #131C

Suite, Apt. #, etc.

3. Mailing Address

11201 122ND AVE N #131C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO Florida

City & State

LARGO Florida

4. FEI Number

59-3625816

Applied For

Not Applicable

Zip

33778

Country

Pinellas

Zip

33778

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTHONY FERRINI

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

11201 122ND AVE N #131C

City

LARGO

FL

Zip Code

33778

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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
**PRESIDENT
ANTHONY FERRINI
11201 122ND AVE N #131C
LARGO FL 33778**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE-PRESIDENT / SECRETARY
ROBERT FERRINI
11201 122ND AVE N #131C
LARGO FL 33778**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 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 #

2-23-03

727-587-7797

CR2E034B (12/02)