

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-22-2001 90793 025 ***150.00

0098069 AV

DOCUMENT # P00000016761

1. Entity Name

COMMERCIAL PROPERTIES OF TAMPA BAY, INC.

Principal Place of Business

**5008 W. LINEBAUGH AVE., STE. 15
TAMPA FL 33624**

Mailing Address

**5008 W. LINEBAUGH AVE., STE. 15
TAMPA FL 33624**

2. Principal Place of Business

5008 W Linebaugh #15

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-332533

Applied For

Not Applicable

Zip
33624

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HASELOFF, HANS J

**5008 W. LINEBAUGH AVE., STE. 15
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

Joseph DiGerlando

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

11068 Hillsborough Ave

City

Tampa

FL

Zip Code

33612

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

Joseph DiGerlando **Joseph DiGerlando** **813 936-5400** **7-12-01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **HASELOFF, HANS J**
STREET ADDRESS **5008 W. LINEBAUGH AVE., STE. 15**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/Pres/CEO** ☐ Change ☒ Addition
NAME **Joseph DiGerlando**
STREET ADDRESS **11068 N. FL Ave**
CITY-ST-ZIP **Tampa FL 33612**

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

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:

Joseph DiGerlando **Joseph DiGerlando** **(813) 936-5400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

7000 0600 0026 1324 8964

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

SS REPORT (UBR)

ATTACHMENT

3741 00.000 1381 13641
APR 24 01

1381 Postage	MAILED FROM ZIP CODE 33624
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$3.74

Postmark Here

761
Y, INC.
Mailing Address
W. LINEBAUGH AVE. STE. 15
TAMPA FL 33624
Mailing Address
Suite, Apt. #, etc.

Doc# 76457
P00000016761

DO NOT WRITE IN THIS SPACE

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt. No., or PO Box No.
City, State, ZIP+4
PS Form 3800, February 2000 See Reverse for Instructions

City & State	4. FEI Number 59-3632533	Applied For Not Applicable
Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Registered Agent	7. Name and Address of New Registered Agent	
	Name Joseph Di Gerlando	
	Street Address (Post Office Box Numbers Not Acceptable) 11068 N. FLORIDA AVE.	
	City TAMPA	FL Zip Code 33612

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 *Joseph Di Gerlando* 1/23/01
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. ☐ 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/COO HASELOFF, HANS J 5008 W. LINEBAUGH AVE., STE. 15 TAMPA FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PRES/CEO JOSEPH DIGERLANDO 11068 N. FLORIDA AVE. TAMPA FL 33612
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	
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SIGNATURE: *Joseph Di Gerlando* Joseph Di Gerlando (215) 936-5400
Signature and typed or printed name of signing officer or director Date Daytime Phone

COMMERCIAL PROPERTIES OF TAMPA BAY INC.

5008 W. LINEBAUGH AVE., STE. 15
TAMPA, FL 33624
PH. 813-960-7300

5005

DATE 4-17-2001

PAY TO THE ORDER OF Department of State \$150.00
One hundred fifty & no/100 DOLLARS

Mercantile Bank
CANNONWOOD OFFICE
TAMPA, FLORIDA 33618

2001 UBR

Joseph Di Gerlando