

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5008 W Linebaugh #15
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Tampa FL

City & State City & State
 Zip Country Zip Country
33624 Hillsborough

4. FEI Number Applied For
59-332533 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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.
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	<input type="checkbox"/> Delete
NAME	HASELOFF, HANS J	
STREET ADDRESS	5008 W. LINEBAUGH AVE., STE. 15	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>D/Pres/CEO</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Joseph DiGerlando</i>	
STREET ADDRESS	<i>11068 N. FL Ave</i>	
CITY-ST-ZIP	<i>Tampa FL 33612</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CFR2E034 (5/01)

