

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

0065159 AV

DOCUMENT # P00000053674

1. Entity Name

U.S. HOSPITALITY OF TAMPA BAY, INC.

Principal Place of Business

**4204 N. NEBRASKA AVE.
 TAMPA FL 33603**

Mailing Address

**4204 N. NEBRASKA AVE.
 TAMPA FL 33603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3662595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

Michael A. Malone

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

31940 U.S. 19 N.

City

Palm Harbor

FL

Zip Code

34684

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 \$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 **ROWELL, CAM**
 STREET ADDRESS **4204 N. NEBRASKA AVE.**
 CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.R.T.D** ☐ Change ☒ Addition
 NAME **Michael A. Malone**
 STREET ADDRESS **31940 U.S. 19 N.**
 CITY-ST-ZIP **Palm Harbor, FL 34684**

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E034 (5/01)

U.S. HOSPITALITY OF TAMPA BAY, INC.
3605 W. HILLSBOROUGH AVE.
TAMPA, FL 33614-5700

Attachment
#PD0000005307
B0060270

July 10, 2001

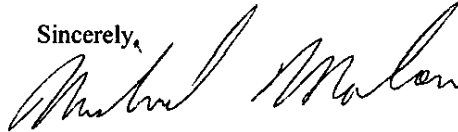
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Please find enclosed a check in the amount of \$150.00 to cover the annual corporation fees. As you can see we never received the first notice because the address was incorrect. Someone dropped off the second notice at our doorstep. We respectfully request the abatement of the \$400.00 penalty. This is our first year as a corporation and we were unaware of any such filing fees. Should you have any questions please do not hesitate in contacting our CPA Daniel Johnson at (727) 786-7988.

Thank you for your cooperation.

Sincerely,



Michael Malone