

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90206 021 ***150.00

DOCUMENT # P00000053674

1. Entity Name
U.S. HOSPITALITY OF TAMPA BAY, INC.



Principal Place of Business
3605 W HILLSBOROUGH AVE
TAMPA, FL 33614

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

01052004

Chg-P

CR2E034 (10/03)

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

MALONE, MICHAEL A
31940 US 19 NORTH
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name

DANIEL F. JOHNSON CPA

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

TWIN LAKES PLAZA

31940 U.S. 19 N.

PALM HARBOR, FL

City

34684

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/13/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MALONE, MICHAEL A ☒ Delete
STREET ADDRESS 31940 US 19 NORTH
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Change ☒ Addition
NAME Tricia Cadicamo
STREET ADDRESS 84-10 153 AVE APT 2E
CITY-ST-ZIP Howard Beach NY 11414

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

attachment

Division of Corporations

54039030

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Business Entity Name

U.S. HOSPITALITY OF TAMPA BAY, INC.

FEI Number

593662595

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

3605 W HILLSBOROUGH AVE

Suite, Apt. #, etc.

City, State

TAMPA

FL

Zip Code & Country

33614

Mailing Address

Address

4204 N. NEBRASKA AVE.

Suite, Apt. #, etc.

City, State

TAMPA

FL

Zip Code & Country

33603

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

MALONE

MICHAEL

A

-or- RA Business Name

Address

31940 US 19 NORTH

Suite, Apt. #, etc.

City, State

PALM HARBOR

FL

Zip Code & Country

34684

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

attachment

54039030

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Business Entity Name

U.S. HOSPITALITY OF TAMPA BAY, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title PSTD
Name (Last, First, Middle, Title) MALONE MICHAEL A
-or- Entity Name
Street Address 31940 US 19 NORTH
City, State PALM HARBOR FL
Zip Code & Country 34684

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name

54039030

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

-or- Entity Name
Street Address
City, State
Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title
Officer/Director Signature

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