

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **000000057081**

1. Entity Name

SOT Enterprises of Tampa Bay Inc

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90175 017 ***150.00

Principal Place of Business

Mailing Address

15153 KITTRELL DR

15153 KITTRELL DR

SPRING HILL, FL 34610

SPRING HILL, FL 34610

00064730

2. Principal Place of Business

15153 KITTRELL DR

3. Mailing Address

15153 KITTRELL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL FL

City & State

SPRING HILL, FL

4. FEI Number

593654232

Applied For

Not Applicable

Zip

34610

Country

PASCO

Zip

34610

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

James D. Russell

7. Name and Address of New Registered Agent

Name

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

15153 KITTRELL DR

City

SPRING HILL

FL

Zip Code

34610

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 of the filer (if applicable)

(NOTE: Registered Agents signature required when requesting)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☒

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

President James D. Russell
15153 KITTRELL DR
SPRING HILL, FL 34610

TITLE NAME ☒ Delete

Vice President David R. Bolan
100 WINDCREEK DR
SAFETY HARBOR FL 34695

TITLE NAME ☒ Delete

Vice President KANTHAKAKIS EFETHIOS
103 TIMBERVIEW DR
SAFETY HARBOR FL 34695

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 807, 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:

James D. Russell

4-27-01

Signature, typed or printed name of registered agent or director

DATE

Signature, typed or printed name of registered agent or director

CR20034 (11/00)