

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000088027**

1. Entity Name

TOTALTAPE, INC.**FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-03-2001 90102 008 ***150.00

Principal Place of Business

Mailing Address

C/O HOLLAND & KNIGHT
400 N. ASHLEY ST., #2300
TAMPA FL 33602C/O HOLLAND & KNIGHT
400 N. ASHLEY ST., #2300
TAMPA FL 33602

9417 Princess Palm Avenue

9417 Princess Palm Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FLCity & State
Tampa, FL4. FEI Number
59-1605121Applied For
Not ApplicableZip
33619Country
USAZip
33619Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BISK, NATHAN M
9417 PRINCESS PALM AVE., #400
TAMPA FL 33619

Name

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

City

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.

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 \$150.00.**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
BISK, NATHAN M
9417 PRINCESS PALM AVE., #400
TAMPA FL 33619-8317 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Andrew B. Titen
President
9417 Princess Palm Ave., #400, Tampa, FL 33619-8317 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Joseph R. Smith
Chief Financial Officer
9417 Princess Palm Ave., #400, Tampa, FL 33619-8317 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(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

3-29-01

Date

Daytime Phone #

CR2E034 (10/00)