

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90047 026 \*\*\*150.00

**DOCUMENT # P01000008554**

**1. Entity Name**  
**TAMPA-CHRYSTAL INC.**

**Principal Place of Business**  
**10320 N 56TH STREET STE B**  
**TAMPA FL 33617**

**Mailing Address**  
**PO BOX 292426**  
**TAMPA FL 33687-2426**

**2. Principal Place of Business**  
**10006 N. 30th Street**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Tampa**  
City & State

City & State

**FL**

Zip

**33612**

Country

**Hillsborough**

Zip

Country

**4. FEI Number** **593693967**

Applied For  
Not Applicable

**5. 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**

**ODERINDE, HELEN R**  
**19402 VIA DEL MAR #108**  
**TAMPA FL 33647**

**Name** **Helen R. Oderinde**

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

**10006 N. 30th Street**

**Tampa**  
City

**FL**

**33612**  
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** Helen R. Oderinde **HELEN R. ODERINDE, PRESIDENT** **3/25/02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODERINDE, HELEN R PO BOX 292426 TAMPA FL 33687	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODERINDE, JULIUS B PO BOX 292426 TAMPA FL 33687	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODERINDE, ADEMOLA PO BOX 292426 TAMPA FL 33687	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODERINDE, ADEBANKE PO BOX 292426 TAMPA FL 33687	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Helen R. Oderinde **HELEN R. ODERINDE, CEO/PRESIDENT** **3/25/02 813-615-1161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)