2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Mar 27, 2002 8:00 am Secretary of State P01000031991 DOCUMENT # 1. Entity Name 03-27-2002 90007 038 ***150.00 B.F.T. OF TAMPA BAY, INC. Principal Place of Business Mailing Address C/O MARK K. STRALEY, ESO. C/O MARK K. STRALEY. ESQ. 100 S. ASHLEY DRIVE SUITE 1500 100 S. ASHLEY DRIVE SUITE 1500 **TAMPA FL 33602** TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address 6244 SPRINGER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 37/563 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRALEY, MARK K Street Address 100 S. ASHLEY DRIVE **SUITE 1500** TAMPA FL 33602 City 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 regis FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE Change DONALD A BUCK TR NAME NAME BUCK, JR. STREET ADDRESS 19843 ELLENDALE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES, FL 34639 TITLE ☐ Defete TITLE Change Addition NICOLE SAUNDERS NAME NAME STREET ADDRESS 5240 WELLFIELD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 3465S - Change **Addition** TITLE Delete TITÍ F PETER J. QUINN NAME NAME STREET ADDRESS STREET ADDRESS 324 173 RD AVE., E. CITY-ST-ZIP CITY-ST-ZIP REDINGTON BEACH 3370 f ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED