

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90055 033 \*\*\*150.00

**DOCUMENT # P01000042640**

1. Entity Name

**TAMPA BAY AMUSEMENT, INC.**

Principal Place of Business

127 CAMPHOR CIRCLE

UNIT # G

OLDSMAR FL 34677

US

Mailing Address

127 CAMPHOR CIRCLE

UNIT # G

OLDSMAR FL 34677

US

2. Principal Place of Business

505 Devonshire St.

3. Mailing Address

505 Devonshire St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. FEI Number

59-3716075

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTU, ANGELA T  
 127 CAMPHOR CIRCLE  
 UNIT # G  
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PS  
 NAME CHRISTU, ANGELA T  
 STREET ADDRESS 127 CAMPHOR CIRCLE EAST UNIT # G  
 CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE VP  
 NAME CHRISTU, CRISTO A  
 STREET ADDRESS 912 RIVERSIDE DRIVE  
 CITY-ST-ZIP TARPON SPRINGS FL 34689 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP  
 NAME CHRISTU, NICHOLAS  
 STREET ADDRESS 505 DEVONSHIRE ST.  
 CITY-ST-ZIP Oldsmar, FL 34677 ☒ Change ☐ Addition

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

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

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

TITLE  
 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:

*Angela Christu* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)