2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am P01000073552 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90070 009 ***150.00 PRIME TIME PRODUCTS OF TAMPA, INC. Mailing Address Principal Place of Business 1414 SUNSET DRIVE 1414 SUNSET DRIVE CLEARWATER F: 33755 CLEARWATER F: 33755 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State <u>59-3733591</u> Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) UNSET 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145 LEARWATER 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 HEESIDENT SIGNATURE ent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Mangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition Change ☐ Delete TITLE TITLE PSTD LOPEZ, CARLOS JR NAME NAME 1414 SUNSET DRIVE STREET ADDRESS STREET ADDRESS **CLEARWATER F: 33755** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITI F NAME NAME ----STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP 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.