

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90520 016 ***150.00

DOCUMENT # P02000005548



1. Entity Name
NEW TAMPA TAX INC.

Principal Place of Business
**1215 MAXIMILIAN DRIVE
WESLEY CHAPEL FL 33543**

Mailing Address
**1215 MAXIMILIAN DRIVE
WESLEY CHAPEL FL 33543**

11017982



2. Principal Place of Business
24724 State Rd. 54
Suite, Apt. #, etc.
250

3. Mailing Address
24724 State Rd 54
Suite, Apt. #, etc.
250

☒ CHECK HERE IF MAKING CHANGES

City & State
LUT2, FL.

City & State
LUT2, FL.

4. FEI Number
02-0551086

Applied For
☐ Not Applicable

Zip
33559

Country
PASCO

Zip
33559

Country
PASCO

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **JIM SMITH**
Street Address (P.O. Box Number is Not Acceptable)
24724 State Rd. 54 #250
City **LUT2** FL Zip Code **33559**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James Smith**
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SWEENEY, CYNTHIA C**
STREET ADDRESS **1215 MAXIMILIAN DRIVE**
CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

TITLE **D** ☐ Delete
NAME **SMITH, JAMES E**
STREET ADDRESS **384 EAST MONTROSE**
CITY-ST-ZIP **WOOD DALE IL 60191**

TITLE **D** ☐ Delete
NAME **SMITH, BRIAN J**
STREET ADDRESS **10149 WHISPER POINTE DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1312 WYNDAH LAKES DR.**
CITY-ST-ZIP **ODESSA, FL. 33556**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James Smith**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 813-909-9864
Date Daytime Phone #

CR2E034 (10/02)