

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91842 009 \*\*\*150.00

**DOCUMENT # P02000009605**

1. Entity Name  
**J B PROPERTY MANAGEMENT OF TAMPA BAY, INC.**



Principal Place of Business  
**4131 E BUSH BLVD  
TAMPA FL 33617**

Mailing Address  
**4131 E BUSH BLVD  
TAMPA FL 33617**



2. Principal Place of Business  
**12908 N 15th STREET**

3. Mailing Address

Suite, Apt. #, etc.  
**#32**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA, FL**

City & State

4. FEI Number  
**80-0030788**

Applied For  
Not Applicable

Zip  
**33612**

Country  
**USA**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**KIPPLE, STEPHEN H  
4131 E BUSH BLVD  
TAMPA FL 33617**

## 7. Name and Address of New Registered Agent

Name **STEPHEN H. KIPPLE, Sr., Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4131 E. BUSCH BLVD.  
REGENT OFFICE**  
City **TAMPA** FL Zip Code **33617**

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 **Stephen H. Kipple, Esq.**

DATE **3/11/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP KIPPLE, STEPHEN H SR 4131 E BUSH BLVD TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEPHEN H. KIPPLE, SR. ESQ. 12908 N 15th STREET TAMPA, FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Stephen H. Kipple, Esq.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/11/03**

DATE

DAYTIME PHONE # **813-989-0572**

DAYTIME PHONE #

CR2E034 (10/02)