

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90122 012 ***158.75

DOCUMENT # P02000017529

1. Entity Name
GARAGE STORAGE CABINETS OF TAMPA BAY, INC.



Principal Place of Business
406 MAXWELL PLACE
INDIAN ROCKS BEACH FL 33785

Mailing Address
POST OFFICE BOX 17095
CLEARWATER FL 33762

2. Principal Place of Business
3339 HANDY ROAD
Suite, Apt. #, etc.
SUITE 118

3. Mailing Address
3339 HANDY ROAD
Suite, Apt. #, etc.
SUITE 118

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

Zip
33618 **Country**
HILLSBOROUGH

Zip
33618 **Country**
HILLSBOROUGH

4. FEI Number
32-0001911

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

SIGNATURE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
R. SCOTT REPINSKI
406 MAXWELL PLACE
INDIAN ROCKS BEACH FL 33785 ☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.S.T.D.
W. PAUL TUTTLE
3339 HANDY ROAD, SUITE 118
TAMPA, FLORIDA 33618 ☐ **Change** ☒ **Addition**

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

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

TITLE
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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**

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: W. PAUL TUTTLE **REQUIRE PAUL TUTTLE** **3/6/03** **(727) 560-4141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)