

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90165 037 \*\*\*150.00

**DOCUMENT # P02000079659**

1. Entity Name  
**ALL STAR AUCTIONS OF TAMPA, INC.**



Principal Place of Business  
**3921 DUNAIRE DRIVE  
VALRICO FL 33594**

Mailing Address  
**3921 DUNAIRE DRIVE  
VALRICO FL 33594**

2. Principal Place of Business

**801 Tomahawk Tr**

3. Mailing Address

**801 Tomahawk Tr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Brandon FL**

City & State

**Brandon FL**

Zip

**33511**

Country

**Hillsborough**

Zip

**33511**

Country

**Hillsborough**

4. FEI Number

**01-073781**

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

**BLAIWES, MARC  
3921 DUNAIRE DR  
VALRICO, FL FL 33594**

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

*Marc Blaiwes*

**Marc Blaiwes**

**Sec/Treas**

**4/5/03**

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	P	<input type="checkbox"/> Delete
NAME	<b>BLAIWES, MICHELLE</b>	
STREET ADDRESS	<b>3921 DUNAIRE DR</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	<b>BLAIWES, MARC</b>	
STREET ADDRESS	<b>3921 DUNAIRE DR</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	<b>BLAIWES, MARC</b>	
STREET ADDRESS	<b>3921 DUNAIRE DR</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 officers empowered.

SIGNATURE:

*Marc Blaiwes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/03 813-368-5350**

Date Daytime Phone #

CR2E034 (10/02)