## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P02000100388

1. Entity Name



**FILED** Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90075 015 \*\*\*150 00

T.M. OF TAMPA, INC.		02 00 2003 70073 013 130.00
Principal Place of Business 2801 BENT LEAF DRIVE VALRICO FL 33594	Mailing Address 2801 BENT LEAF DRIVE VALRICO FL 33594	
2. Principal Place of Business	3. Mailing Address	 

		3. Mailin	3. Mailing Address  Suite, Apt. #, etc.			1 10841881 141 80418 14811 88411 98411 884	<b>161</b>   180   1 <b>10</b>   11   1			
		Suite,				CHECK HERE IF MAKING CHANGES				
City & St	ate	City &	State		4. FEI I	Number		TTAr	plied For	
					05				t Applicable	
Zip	Country	Zip		Country	5. Certi	ficate of Status Desired [		<b>75</b> Add Require		
6. Name and Address of Current Registered Agent			- :	7. Nam	e and Address of New Regis	tered Agen	t	_		
ر د مساد مشاعد د داده				Name						
MATHEW, MANOJ			Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
	nt leaf drive			01100771007		tamber is receptable)				
VALRICO	FL 33594									
				City	FL Zip Code				e	
8. The abov	re named entity submits this statemen	t for the purpos	e of changing its re-	aistered office or rec	istered agent	or both, in the State of Florida	Lam famili	ar with	and accept	
Tite obliga	ations of registered agent.			g	, otoroo agoni,	or both, in the state of thereas.		A1 7711111	and accept	
E DIOMATURE										
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applica	ble. (NOTE: R	egistered Agent signature re	quired when reinstati	ing)	DATE			
· · · · · · · · · · · · · · · · · · ·	FILE NOW!!! FEE IS \$150.00		<del>-</del>	**************************************						
•	er May 1, 2003 Fee will be \$550.0	0				<ol><li>Election Campaign Financi</li></ol>	~ —	\$5.0	<b>0</b> May Be	
	k Payable to Florida Department					Trust Fund Contribution.	Ш	Added	to Fees	
10.	OFFICERS AN	ND DIRECTORS	5	11.	ADDITI	ONS/CHANGES TO OFFICER	RS AND DIR	CTORS	3 IN 11	
TITLE	D		☐ Delete	TITLE				Change	Addition	
NAME	MATHEW, MANOJ			NAME			_		<u></u>	
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	VALRICO FL 33594		,	CITY-ST-ZIP					ì	
TITLE	lp		☐ Delete	TITLE					Addition	
TI LL	1-		L Detete	IIICL				Change		
NAME	JAMES, TOMY		☐ Detete	NAME				Change		
NAME Street address	JAMES, TOMY 2801 BENT LEAF DRIVE		_ Detete	NAME STREET ADDRESS				Change		
NAME STREET ADDRESS CITY-ST-ZIP	JAMES, TOMY 2801 BENT LEAF DRIVE VALRICO FL 33594			NAME				Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	JAMES, TOMY 2801 BENT LEAF DRIVE		Delete - Delete -	NAME STREET ADDRESS CITY-ST-ZIP : TITLE :					☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JAMES, TOMY 2801 BENT LEAF DRIVE VALRICO FL 33594			NAME STREET ADDRESS CITY-ST-ZIP : TITLE NAME	<b>→</b> , , -	· · · · · · · · · · · · · · · · · · ·				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JAMES, TOMY 2801 BENT LEAF DRIVE VALRICO FL 33594	7 <b>-</b> - <b>2</b> , .		NAME STREET ADDRESS CITY-ST-ZIP  TITLE	<u> </u>	: 4				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES, TOMY 2801 BENT LEAF DRIVE VALRICO FL 33594	- v.	· Delete- · ·	NAME STREET ADDRESS CITY-ST-ZIP  TITLE	<del></del>		. [](	Change _	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JAMES, TOMY 2801 BENT LEAF DRIVE VALRICO FL 33594	·= v		NAME STREET ADDRESS CITY-ST-ZIP  TITLE			. [](			

CITY-ST-ZIP 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE: ≤

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

MARIE OF MARIOD

☐ Delete

Delete

MATHEW

02-04-03 813-971-1417

Date

Daytime Phone #

☐ Change

Change

Addition

☐ Addition