

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90014 032 ***150.00

DOCUMENT # P03000083128

1. Entity Name

TAMPA BAY LOGISTICS, INC.



Principal Place of Business

1103 D. NORTH 22ND STREET
TAMPA FL

Mailing Address

1103 D. NORTH 22ND STREET
TAMPA FL

44051269



MOORE

CR2E034 (4/04)

2. Principal Place of Business

5811 N. 53RD ST.

3. Mailing Address

P.O. Box 5225

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, Florida

City & State

TAMPA, FL

4. FEI Number

73-1677521

Applied For

Not Applicable

Zip

33610

Country

USA

Zip

33675

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, KEITH
1103 D. NORTH 22ND STREET
TAMPA FL

7. Name and Address of New Registered Agent

Name

KEITH STANLEY

Street Address (P.O. Box Number is Not Acceptable)

5811 N. 53RD STREET

City

TAMPA

FL

Zip Code

33610

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

Keith Stanley

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

(NOTE: Registered Agent signature required when reinstating)

7-28-04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME STANLEY, KEITH
STREET ADDRESS 3202 COWELL AVE. APT. 104
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 KEITH STANLEY
STREET ADDRESS 17945 SKILFISH DR. APT C
CITY-ST-ZIP TAMPA, FL 33588

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-04

Date

813-310-4948

Daytime Phone #