

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90197 012 ***150.00

DOCUMENT # P93000021967

1. Entity Name

ROPE ENTERPRISES OF TAMPA, INC.

Principal Place of Business

**4036 PRIORY CIR
TAMPA FL 33624**

Mailing Address

**4036 PRIORY CIR
TAMPA FL 33624**

2. Principal Place of Business

Custom Golf Store

3. Mailing Address

6001 Johns Rd

Suite, Apt. #, etc.

Suite 101

City & State

Tampa, FL

4. FEI Number

59-3178064

Applied For

Not Applicable

Zip

Country

Zip

Country

33634

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERDOMO, ROBERT H
4036 PRIORY CIR
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

Roger Badia

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

6001 Johns Rd

City

Tampa

FL

Zip Code

33634

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.

SIGNATURE

Robert H. Perdomo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PERDOMO, ROBERT H	
STREET ADDRESS	4036 PRIORY CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICCICHE, DEBRA P	
STREET ADDRESS	5020 PENNSBURY DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCULLERS, STACIE P	
STREET ADDRESS	14602 VILLAGE GLEN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	<i>ROGER BADIA</i>	<input type="checkbox"/> Delete
NAME	<i>6608 GLENCOVE DR. #1</i>	
STREET ADDRESS	<i>Tampa, FL 33617</i>	
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		

12. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert H. Perdomo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-02 813-2490661

CR2E034 (9/01)