

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90033 001 \*\*\*150.00

DOCUMENT # P93000048478 VOK

1. Corporation Name

THE TAMPA BAY CPA GROUP, INC.

Principal Place of Business

Mailing Address

SUGAR CREEK PROFESSIONAL  
CENTER  
10225 ULMERTON RD  
SUITE 10C  
LARGO, FL 33771

SUGAR CREEK PROFESSIONAL  
CENTER  
10225 ULMERTON RD  
SUITE 10C  
LARGO, FL 33771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

10225 ULMERTON RD  
SUITE 10C  
LARGO, FL 33771

10225 ULMERTON RD  
SUITE 10C  
LARGO, FL 33771

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 10C  
City & State

SUITE 10C  
City & State

LARGO, FL  
Zip Country

LARGO, FL  
Zip Country

33771 25

33771 30

3. Date Incorporated or Qualified

7/12/1993

4. FEI Number

59-3193850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE  
NAME GARY MARCUS  
STREET ADDRESS 10225 ULMERTON RD SUITE 10C  
CITY-ST-ZIP LARGO, FL 33771

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SECRETARY ☐ DELETE  
NAME RICHARD FULLER  
STREET ADDRESS 2240 BELLEAIR RD SUITE 295  
CITY-ST-ZIP CLEARWATER, FL 33764

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TREASURER ☐ DELETE  
NAME JUDITH L. STANLEY  
STREET ADDRESS 2352 ST. CHARLES DR  
CITY-ST-ZIP CLEARWATER, FL 33764

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUDITH L. STANLEY, TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)