

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056834

1. Entity Name

PREMIUM TRADING COMPANY OF TAMPA BAY, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90120 007 ***150.00

Principal Place of Business

6020 W. CHELSEA STREET
TAMPA FL 33634
US

Mailing Address

1605 ROYAL PALM DR. S.
B
GULFPORT FL 33707-3872
US

2. Principal Place of Business

3. Mailing Address

S939 Bayview Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gulfport, FL

4. FEI Number

59-3197809

Applied For

Not Applicable

Zip

Country

Zip

Country

33707

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHECT, NEIL S P.A.
BAYSHORE CENTER, PENTHOUSE
2909 W BAY TO BAY BLVD
TAMPA FL 33629

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIS, JAMIE
CITY-ST-ZIP 1605 B ROYAL PALM DR. S.
CLEARWATER FL 33707

TITLE ☒ Change ☐ Addition
NAME S939 Bayview Circle
STREET ADDRESS GULFPORT, FL 33707
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIS, GLEN N
CITY-ST-ZIP 16533 LAKE HEATER DR
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME 2239 Climbing Ivy Dr.
STREET ADDRESS Tampa, FL 33624
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 (813) 622-1004

Date

Daytime Phone #

CR2E034 (9/99)