

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056876

1. Entity Name

CELLULAR DEPOT OF TAMPA, INCORPORATED

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90037 045 \*\*\*150.00

Principal Place of Business

Mailing Address

1316 W. BUSCH BLVD.  
TAMPA FL 33612

1316 W. BUSCH BLVD.  
TAMPA FL 33624-4729

2. Principal Place of Business

4349 Gunn Hwy.

3. Mailing Address

4349 Gunn Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL.

City & State

Tampa, FL.

4. FEI Number

59-3210089

Applied For

Not Applicable

Zip

33624

Country

Hills.

Zip

33624

Country

Hills.

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

JENKINS, PAULA A  
508 W. 122ND AVE.  
TAMPA FL 33612

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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, PAULA A		NAME		
STREET ADDRESS	508 W 122ND AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, HERBERT S SR		NAME		
STREET ADDRESS	508 WST 122ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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:

Paula A. Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-935-7988

Daytime Phone #

CR2E034 (9/99)