2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT#

P93000071499

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE H-5 **TAMPA FL 33629**

1. Entity Name

TAMPA FL 33629

TAMPA BAY BULB, INC.

Principal Place of Business

1503 S DALE MABRY HWY.

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

CRAIG, CHALMERS

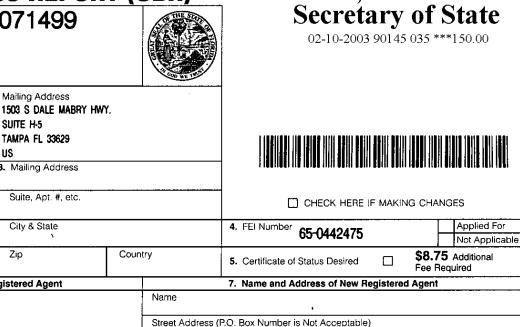
TAMPA FL 33629

1503 S DALE MABRY HWY.

the obligations of registered agent.

City & State

Zip



FILED

Feb 10, 2003 8:00 am

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE S \$150.00 After May 1, 2003 Fed vill be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition CHARLMERS, CRAIG NAME NAME STREET ADDRESS 167 92ND AVE NE ... STREET ADDRESS ST PETESBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition CHALMERS, BRADLEY NAME 4707 FOXSHIRE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

City

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

12. I hereby certify that the information supplied with this filling 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 long 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 Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation or the receiver or trustee empowered to execute this report as required by Company of the corporation of the receiver or trustee empowered to execute this report as required by Company or trustee empowers or trustee empowers.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

<u>954-98</u>4-9136

Date

☐ Change

☐ Addition

☐ Addition

CR2E034 (10/02)

Zip Code