

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083774

1. Entity Name

TAMPA CHARTERS, INC.

Principal Place of Business

8675 HIDDEN RIVER PARKWAY
TAMPA FL 33637

Mailing Address

8675 HIDDEN RIVER PARKWAY
TAMPA FL 33637

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3218801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JOHN T.
8765 HIDDEN RIVER PARKWAY
TAMPA FL 33637

7. Name and Address of New Registered Agent

Name Michael Molina

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

8675 Hidden River Pkwy

City

Tampa FL

Zip Code

33637

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

Michael Molina

(NOTE: Registered Agent's signature required when re-appointing)

DATE

4/20/01

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, 2001 Fee will be \$530.00
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 ☐ Delete
NAME MACDONALD, JOHN L
STREET ADDRESS 8675 HIDDEN RIVER PARKWAY
CITY-ST-ZIP TAMPA FL 33637

TITLE S ☐ Delete
NAME MOLINA, MICHAEL
STREET ADDRESS 8675 HIDDEN RIVER PARKWAY
CITY-ST-ZIP TAMPA FL 33637

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 667, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Molina

4/20/01

Date

Daytime Phone #

813 632 3700

CR2E034 (10/00)