

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90334 001 \*\*\*600.00

**DOCUMENT # P94000024748**

1. Entity Name

**THREE TYPE A'S, INC.**

Principal Place of Business

**100 W KENNEDY BLVD**  
**STE 740**  
**TAMPA FL 33602**  
**US**

Mailing Address

**POB 2325**  
**TAMPA FL 33601**  
**US**

2. Principal Place of Business

**P.O. Box 2325**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

Zip

**33601**

Country

**USA**

Zip

Country

4. FEI Number

**59-3232728**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**UITERWYK, STEVEN A**  
**100 W KENNEDY BLVD**  
**STE 740**  
**TAMPA FL 33601**

7. Name and Address of New Registered Agent

Name

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

**211 South Howard Ave**

**Suite 200**

City

**Tampa**

**FL**

Zip Code

**33606**

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

**4/29/01**

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 \$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

TITLE **PD** ☐ Delete  
NAME **FLOWERS, H.C.**  
STREET ADDRESS **2919 WALLCRAFT AVE.**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VD** ☒ Delete  
NAME **MCLAW, R**  
STREET ADDRESS **100 W KENNEDY BLVD, STE 740**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **STD** ☐ Delete  
NAME **UITERWYK, STEVEN**  
STREET ADDRESS **100 W KENNEDY, STE 740**  
CITY-ST-ZIP **TAMPA FL 33602**

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 **211 South Howard Ave, Suite 200**  
CITY-ST-ZIP **Tampa, FL 33606**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/01**

Date

**727-421-9214**

Daytime Phone #

CR2E034 (10/00)

- 72439



DO NOT WRITE IN THIS SPACE