

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90179 042 \*\*\*150.00

**DOCUMENT # P94000037281**



1. Entity Name  
**FESTIVE FLOATS OF FLORIDA, INC.**

Principal Place of Business  
**4519 W CREST AVE  
TAMPA FL 33614-6489  
US**

Mailing Address  
**P.O. BOX 151007  
TAMPA FL 33684**



2. Principal Place of Business

**2102 Orient Rd.**

3. Mailing Address

**2102 Orient Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Tampa, FL**

City & State

**Tampa, FL**

4. FEI Number

**59-3243321**

Applied For

Not Applicable

Zip

Country

**33619 Hillsborough**

Zip

Country

**33619 Hillsborough**

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

**TAYLOR, J. SCOTT ESQUIRE  
2909 W. BAY TO BAY BLVD.  
403  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete  
NAME **ADAMS, DELORES**  
STREET ADDRESS **4519 W CREST AVE**  
CITY-ST-ZIP **TAMPA FL 33614-6489**

TITLE **ST** ☒ Change ☐ Addition  
NAME **Adams, Dolores**  
STREET ADDRESS **2102 Orient Rd**  
CITY-ST-ZIP **Tampa, FL 33619**

TITLE **PV** ☐ Delete  
NAME **ADAMS, D. BRUCE**  
STREET ADDRESS **4519 W CREST AVE**  
CITY-ST-ZIP **TAMPA FL 33614-6489**

TITLE **PV** ☒ Change ☐ Addition  
NAME **Adams, D. Bruce**  
STREET ADDRESS **2102 Orient Rd**  
CITY-ST-ZIP **Tampa, FL 33619**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Dolores Adams** 1/8/03 879-2878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)