

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044011

1. Entity Name

ENGINE LAB OF TAMPA, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90086 030 ***150.00

Principal Place of Business

Mailing Address

1150 N. 34TH STREET
TAMPA FL 33605

1150 N. 34TH STREET
TAMPA FL 33605-5803

2. Principal Place of Business

201 S. 78th St.

3. Mailing Address

201 S. 78th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

TAMPA

4. FEI Number

59-3244640

Applied For

Not Applicable

Zip

Country

33619

Zip

Country

33619

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

DEEGAN, DAVID P IV

~~1150 N. 34TH STREET~~
TAMPA FL 33605

201 S. 78th St.

Name

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

201 S. 78th Street

City

FL

Zip Code

33619

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 ☐ Delete
NAME P
STREET ADDRESS DEEGAN, SUSAN L
CITY-ST-ZIP 10308 SALISBURY ST.
RIVERVIEW FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS DEEGAN, DAVID P
CITY-ST-ZIP 10308 SALISBURY ST.
RIVERVIEW FL

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

TITLE ☐ Delete
NAME BM
STREET ADDRESS ANDREA L. DEEGAN
CITY-ST-ZIP 10308 SALISBURY ST.
RIVERVIEW FL

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

TITLE ☐ Delete
NAME BM
STREET ADDRESS DEELAN, AMANDA L
CITY-ST-ZIP 10308 SALISBURY ST
RIVERVIEW FL 33569

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

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

Susan L. Deegan 4/3/00 813 247-7888

Date

Daytime Phone #

CR2E034 (9/99)