

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90069 039 ***158.75

DOCUMENT # P94000091750

1. Entity Name
TAMPA BAY COMMUNICATIONS, INC.

Principal Place of Business

3643 5TH AVE N
 ST PETERSBURG FL 33713
 US

Mailing Address

3643 5TH AVE N
 ST PETERSBURG FL 33713
 US

2. Principal Place of Business

12855-So. BELCHER Rd.
 Suite, Apt., W., etc.
Suite 3

3. Mailing Address

12855-So. BELCHER Rd.
 Suite, Apt., W., etc.
Suite 3

City & State

CARCO, FL.

City & State

CARCO, FL.

Zip

33723

Country

U.S.

Zip

33723

Country

U.S.

4. FEI Number **59-3370711**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCHOL, MARY ANN
3643 5TH AVE NORTH
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name **TUCHOL, J. ROBERT**
 Street Address (P.O. Box Number is Not Acceptable)
12855-So. BELCHER Rd. Suite 3
CARCO, FL.
 City **FL** Zip Code **33723**

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.

ROBERT J. TUCHOL (NOTE: Registered Agent signature required when reinstating)

DATE **2/20/01**

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 \$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	P	<input checked="" type="checkbox"/> Delete
NAME	TUCHOL, MARY ANN	
STREET ADDRESS	6475-2ND AVE NO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	TUCHOL, ROBERT	
STREET ADDRESS	6475-2ND AVE NO.	
CITY-ST-ZIP	ST PETERBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK DUFFEY	
STREET ADDRESS	10870-116TH ST. No.	
CITY-ST-ZIP	SEMIKOLE, FL. 33728	
TITLE	PRAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT TUCHOL	
STREET ADDRESS	6475-2ND AVE NO.	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **2/20/01 727-577-2050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)