

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012553

1. Entity Name

S.D. ENTERPRISE OF TAMPA, INC.

Principal Place of Business

11507 MOFFAT PLACE  
TEMPLE TERRACE FL 33617-2415

Mailing Address

11507 MOFFAT PLACE  
TEMPLE TERRACE FL 33617-2415

2. Principal Place of Business

4406 W. BEACH PARK DR.

3. Mailing Address

4406 W. BEACH PARK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

Country

33609-3731 USA

Zip

Country

33609-3731 USA

6. Name and Address of Current Registered Agent

EDDY, ROBERT  
808 W. DE LEON ST  
TAMPA FL 33606

4. FEI Number

59-3295728

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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.

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, 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  
NAME RIEMER, SUSAN ☐ Delete  
STREET ADDRESS 11507 MOFFAT PLACE  
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE ST  
NAME SAAVEDRA, DEBORAH ☐ Delete  
STREET ADDRESS 1009 CENTERBROOK DRIVE  
CITY-ST-ZIP BRANDON FL 33511

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 4406 W. BEACH PARK DR.  
CITY-ST-ZIP TAMPA, FL 33609-3731

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

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

TITLE ☐ Change ☐ Addition  
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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

*Susan Lauder Riemer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/01

Daytime Phone #

813-282-8079

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90336 004 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)