

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 047 ***150.00

DOCUMENT # **P950000 38616**

1. Entity Name

TE PLACE OF TAMPA BAY, INC.

DO NOT WRITE IN THIS SPACE

425505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 F.F.R. AVE N.E.

3. Mailing Address

555 F.F.R. AVE N.E.

Suite, Apt. #, etc.

411

Suite, Apt. #, etc.

411

City & State

St. Petersburg

City & State

St. Petersburg

4. FEI Number

59-3319999

Applied For

Not Applicable

Zip

33701

Country

Dinellas

Zip

33701

Country

Dinellas

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Martin E. Reichenthal**

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

555 F.F.R. AVE N.E. # 411

City **St. Petersburg**

FL

Zip Code **33701**

**DO NOT WRITE
IN THIS SPACE**

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

president Martin E. Reichenthal 2/5/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 **PSTD**
NAME **Reichenthal, Martin E.**
STREET ADDRESS **555 F.F.R. AVE N.E. #411**
CITY-ST-ZIP **St Petersburg FL 33701**

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martin E. Reichenthal 2/5/02 813 288 8286

CR2E034B (12/01)