

**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.**

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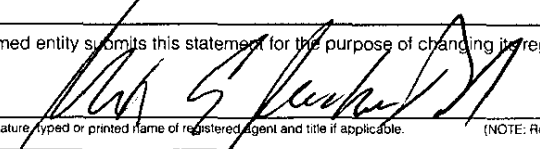
**425505**

2. Principal Place of Business <b>555 F.F.R. AVE N.E.</b>		3. Mailing Address <b>555 F.F.R. AVE N.E.</b>	
Suite, Apt. #, etc. <b># 411</b>		Suite, Apt. #, etc. <b># 411</b>	
City & State <b>St. Petersburg</b>		City & State <b>St. Petersburg</b>	
Zip <b>33701</b>	Country <b>Dinellas</b>	Zip <b>33701</b>	Country <b>Dinellas</b>

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4. FEI Number <b>59-3319999</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of Current Registered Agent	
Name <b>Martin E. Reichenthal</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>555 F.F.R. AVE N.E. # 411</b>	
City <b>St. Petersburg</b>	FL <b>33701</b>

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  **president Martin E Reichenthal 2/5/02**  
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)

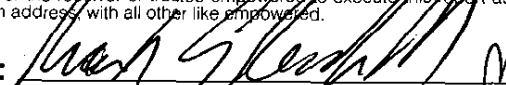
**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Reichenthal, Martin E. 555 F.F.R. Ave N.E. #411 St Petersburg FL 33701</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **Martin E. Reichenthal** 2/5/02 813 288 8286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)