

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90079 038 ***150.00

DOCUMENT # P95000055499

1. Entity Name
A TO Z TAMPA, INC.

Principal Place of Business

Mailing Address

**4104 OKLAHOMA AVENUE
 TAMPA FL 33616
 US**

**4104 OKLAHOMA AVENUE
 TAMPA FL 33616-1126
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3325831**

Applied For

Not Applicable

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

**WHITE, DENNIS
 5502 SOUTH DALE MABRY HWY.
 TAMPA FL 33611**

Name **WHITE, DENNIS**

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

4104 OKLAHOMA AVE

City **TAMPA**

FL

Zip Code **33616**

Note: Address Change

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 *OLIN D. WHITE* **OLIN D. WHITE**

4/10/00
 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 **D** ☐ Delete
 NAME **WHITE, DENNIS**
 STREET ADDRESS **5502 SOUTH DALE MABRY HWY.**
 CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *OLIN D. WHITE* **OLIN D. WHITE**

4/10/00
 Date

813-625-6542
 Daytime Phone #

CR2E034 (9/99)