

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90313 044 ***158.75

DOCUMENT # P95000060942

1. Entity Name
"SUN BELT HOLDINGS OF TAMPA BAY, INC."

Principal Place of Business

Mailing Address

~~2902 SPANIEL LN~~
~~SEFFNER FL 33584~~

~~2902 SPANIEL LN~~
~~SEFFNER FL 33584~~
USA

2. Principal Place of Business

3. Mailing Address

6362 Cocoa Lane
 Suite, Apt. #, etc.

6362 Cocoa Lane
 Suite, Apt. #, etc.

City & State

Apollo Beach, FL 33572

City & State

Apollo Beach, FL 33572

Zip
33572

Country
USA

Zip
33572

Country
USA

4. FEI Number

59-3332476

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

TRONU, DONNA G
2902 SPANIEL LN.
SEFFNER FL 33584

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, 2002 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 ☐ Delete
P
 NAME **TRONU, ROBERT A JR**
 STREET ADDRESS **2902 SPANIEL LN --**
 CITY-ST-ZIP **SEFFNER FL 33584 --**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **6362 Cocoa Lane**
 CITY-ST-ZIP **Apollo Beach, FL 33572**

TITLE ☐ Delete
D
 NAME **TRONU, DONNA G**
 STREET ADDRESS **2902 SPANIEL LN --**
 CITY-ST-ZIP **SEFFNER FL 33584 --**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **6362 Cocoa Lane**
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 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:

Donna G. Tronu
 SECRETARY/TREASURER

01/15/02

(813) 649-0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)