

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90249 015 ***150.00

DOCUMENT # P95000060942

1. Entity Name

"SUM BELT HOLDINGS OF TAMPA BAY, INC."



Principal Place of Business

6362 COCOA LANE
APOLLO BEACH FL 33572

Mailing Address

6362 COCOA LANE
APOLLO BEACH FL 33572
US

2. Principal Place of Business

6362 Cocoa Lane

3. Mailing Address

6362 Cocoa Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apollo Beach, FL 33572

City & State

Apollo Beach, FL 33572

Zip

33572

Country

USA

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

TRONU, DONNA G

2002 SPANIEL LN
X XXXXX
X XXXXX
X XXXXX

7. Name and Address of New Registered Agent

Name

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

6362 Cocoa Lane

City

Apollo Beach

FL

Zip Code

33572

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TRONU, ROBERT A JR**
STREET ADDRESS **6362 COCOA LANE**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **D** ☐ Delete
NAME **TRONU, DONNA G**
STREET ADDRESS **6362 COCOA LANE**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03

(813) 649-0067

Date

Daytime Phone #

CR2E034 (10/02)