

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90031 016 ***150.00

DOCUMENT # P95000064768

1. Entity Name

SOUTH BAY TEMPORARIES, INC.

Principal Place of Business

**13746 N NEBRASKA AVE
TAMPA FL 33613
US**

Mailing Address

**745 FLAMINGO DR
APOLLO BCH. FL 33572
US**

2. Principal Place of Business

12918 N. NEBRASKA AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL.

Zip

Country

33612

USA

Zip

Country

4. FEI Number

65-0610807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LESLEY EGNOR
745 FLAMINGO DR
325 SOUTH BOULEVARD
APOLLO BCH FL 32801**

7. Name and Address of New Registered Agent

Name **Lesley S. Samson**
Street Address (P.O. Box Number is Not Acceptable) **745 FLAMINGO DR.**
City **APOLLO BEACH** FL **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.

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, 2001 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

TITLE **PST** ☐ Delete
NAME **SAMSON, BARRY**
STREET ADDRESS **745 FLAMINGO DR.**
CITY-ST-ZIP **APOLLO BCH. FL 33572**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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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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: **Barry A Samson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-01

CR2E034 (10/00)

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DO NOT WRITE IN THIS SPACE