

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074805

1. Entity Name

YBOR GROUP, INC.

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90004 015 \*\*\*550.00

Principal Place of Business

Mailing Address

2112 NORTH 15TH STREET, SUITE 101  
TAMPA FL 33605

2112 NORTH 15TH STREET, SUITE 101  
TAMPA FL 33605-3648

2. Principal Place of Business

2109 E. Palm Avenue  
Suite, Apt. #, etc. Suite 206  
City & State TAMPA, Florida  
Zip 33605 Country U.S.A.

3. Mailing Address

2109 E. Palm Avenue  
Suite, Apt. #, etc. Suite 206  
City & State TAMPA, Florida  
Zip 33605 Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3336120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCMULLEN, THOMAS J JR.  
2112 NORTH 15TH STREET, SUITE 101  
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name McMullen, Thomas J. Jr.  
Street Address (P.O. Box Number is Not Acceptable) 2109 E. Palm Avenue, Suite 206  
City TAMPA FL Zip Code 33605

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 Thomas J. McMullen, Jr. Thomas J. McMullen, Jr. 6-28-00  
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, 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCMULLEN, THOMAS J JR	
STREET ADDRESS	2112 N. 15TH ST., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPARR, MICHAEL D	
STREET ADDRESS	2112 N. 15TH ST., SUITE 101	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McMullen, Thomas J. Jr.	
STREET ADDRESS	2109 E. Palm Avenue, Suite 206	
CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas J. McMullen, Jr. Thomas J. McMullen, Jr., Vice President 6-28-00 813-247-2828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #