

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054554

1. Entity Name

SOUTH TAMPA PROPERTIES, INC.

FILED

01 APR 17 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6735 SOUTH LOIS AVENUE
TAMPA FL 33616

Mailing Address

6735 SOUTH LOIS AVENUE
TAMPA FL 33616

2. Principal Place of Business

5102 Longfellow

3. Mailing Address

5102 Longfellow Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa

City & State

Tampa FL

Zip

33629

Country

USA

Zip

33629

Country

USA

REINSTATEMENT 01-01

4. FEI Number

59-3388696

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONE, MICHAEL L
6735 SOUTH LOIS AVENUE
TAMPA FL 33616

7. Name and Address of New Registered Agent

Name

Cone Joanne

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

5102 Longfellow Ave

City

Tampa

FL

Zip Code

33629

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

Joanne Cone

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D.			
	CONE, MICHAEL L	6735 SOUTH LOIS AVENUE	TAMPA FL 33616	
	D			<input type="checkbox"/> Delete
	CONE, JOANNE K	6735 SOUTH LOIS AVENUE	TAMPA FL 33616	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

JOANNE CONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)