

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90089 044 ***150.00

DOCUMENT # *P96000062456*

1. Entity Name

TAMPA BAY INVESTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1776 VIA PALERMO

Suite, Apt. #, etc.

3. Mailing Address

1776 VIA PALERMO

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL.

City & State

WINTER PARK, FL

4. FEI Number

59-3389024

Applied For

☐ Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DEBBIE T. WHITMAN

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

574 LUCERNE AVE.

1776 VIA PALERMO

City

TAMPA WINTER PARK

FL

Zip Code

33606

**DO NOT WRITE
IN THIS SPACE**

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.

32789

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)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME**

STREET ADDRESS

CITY - ST - ZIP

DEBBIE T. WHITMAN PRES.

574 LUCERNE AVE.

TAMPA, FL. 33606

UP.

Sec.

TRES.

**TITLE
NAME**

STREET ADDRESS

CITY - ST - ZIP

1776 VIA PALERMO

WINTER PARK, FL. 32789

**TITLE
NAME**

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Debbie T. Whitman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

813-767-6452

Daytime Phone #

CR2E034B (12/01)