

2001
~~2000~~ **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91179 049 ***150.00

A0071686

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P96000071545**

1. Entity Name

TOWER VENTURES, INC.

Principal Place of Business

**4719 N. HABANA AVENUE
TAMPA FL 33614**

Mailing Address

**511 W. BAY ST., SUITE 301
TAMPA FL 33606**

2. Principal Place of Business

511 W. BAY ST.

Suite, Apt. #, etc.

SUITE 301

City & State

TAMPA FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3426361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STENZLER, STEPHEN
4719 N. HABANA AVENUE
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

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

511 W. BAY ST., SUITE 301

City **TAMPA**

FL

Zip Code
33606

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

4-25-2001

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

(NOTE: F 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	P/D	<input type="checkbox"/> Delete
NAME	STENZLER, STEPHEN	
STREET ADDRESS	4719 N. HABANA AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	GRUNDY, LAURENCE	
STREET ADDRESS	4719 N. HABANA AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	511 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	511 W. BAY ST., SUITE 301	
CITY-ST-ZIP	TAMPA FL 33606	
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
indicated on this report or supplemental report is true and accurate and that my
of the corporation or the receiver or trustee empowered to execute this report as
changed, or on an attachment with an address, with all other like empowered.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
signature shall have the same legal effect as if made under oath; that I am an officer or director
required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2001

Date

Daytime Phone #

CR3E034 (9/99)