

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000091399**

1. Entity Name

**RETRO CONCEPTS, INC.****FILED****Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90218 040 \*\*\*150.00

Principal Place of Business

**1518 E. 7TH AVENUE  
TAMPA FL 33605  
US**

Mailing Address

**1926 E 5TH AVE  
TAMPA FL 33605  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **59-3436607**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****RUBIN, DANIEL  
1926 EAST 5TH AVENUE  
TAMPA FL 33605**

Name

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

City

**FL**

Zip Code

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **V** ☐ Delete  
NAME **RUSSELL, STEVE**  
STREET ADDRESS **11119 NORMANDY CIR #1**  
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **RUBIN, DANIEL**  
STREET ADDRESS **1926 E 5TH AVE**  
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **ZOOK-RICHARDSON, JONI**  
STREET ADDRESS **2908 N CENTRAL AVE**  
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **RICHARDSON, JAMES**  
STREET ADDRESS **1721 E 4TH AVE**  
CITY-ST-ZIP **TAMPA FL 33605**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **PASTROFF, LAURA**  
STREET ADDRESS **1926 E. 5TH AVENUE**  
CITY-ST-ZIP **TAMPA FL 33605**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **LOUGHIN-RUSSELL, SHELLY**  
STREET ADDRESS **11119 NORMANDY CIRCLE #1**  
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LAURA PASTROFF 3/12/01**

CR2E034 (10/00)