

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90190 019 \*\*\*150.00

**DOCUMENT # P96000091399**

**1. Entity Name**  
**RETRO CONCEPTS, INC.**



**Principal Place of Business**

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

**Mailing Address**

**1520 E 5TH AVE**  
**TAMPA FL 33605**  
**US**

**2. Principal Place of Business**

**2706 N. MUNRO ST**

**3. Mailing Address**

**2706 N. MUNRO ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**TAMPA FL**

**City & State**

**TAMPA FL**

**Zip**

**33602**

**Country**

**USA**

**Zip**

**33602**

**Country**

**USA**

**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**

**RUBIN, DANIEL**

**1926 EAST 5TH AVENUE**  
**TAMPA FL 33605**

**7. Name and Address of New Registered Agent**

**Name**

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

**2015 EAST FIFTH AVENUE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>RUSSELL, STEVE</b> <b>1119 NORMANDY CIR #1</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>9092 Quail Creek Dr</b> <b>Tampa, FL 33647</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>RUBIN, DANIEL</b> <b>1926 E 5TH AVE</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>2015 EAST FIFTH AVENUE</b> <b>TAMPA FL 33605</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>ZOOK-RICHARDSON, JONI</b> <b>2000 N CENTRAL AVE</b> <b>TAMPA FL 33602</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Joni Zook</b> <b>1718 North B street</b> <b>Tampa, FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>RICHARDSON, JAMES</b> <b>1731 E 4TH AVE</b> <b>TAMPA FL 33605</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>% Joni Zook</b> <b>1718 North B street</b> <b>Tampa, FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <b>PASTROFF, LAURA</b> <b>1604 WATRONS</b> <b>TAMPA FL 33606</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>2706 N. MUNRO STREET</b> <b>TAMPA FL 33602</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <b>LOUGHIN-RUSSELL, SHELLY</b> <b>1119 NORMANDY CIRCLE #1</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>9092 Quail Creek Dr</b> <b>Tampa, FL 33647</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**LAURA PASTROFF**

**2/10/03**

**813 229 9170**

**Date**

**Daytime Phone #**

CR2E034 (10/02)