

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098515

1. Entity Name

THE CACTUS GROUP, INC.

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90025 001 *1,100.00

Principal Place of Business

Mailing Address

611 WEST BAY STREET
TAMPA FL 33606

1601 SNOW AVE
TAMPA FL 33606

✓

10203

2. Principal Place of Business

3. Mailing Address

1601 Snow Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FLORIDA

4. FEI Number 59-3412999

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

SHIMBERG, MICHAEL
1601 SNOW AVE
TAMPA FL 33606

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SHIMBERG, MICHAEL
611 WEST BAY STREET
TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME
SAME
1601 Snow Ave.
TAMPA, FL 33606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SAUNDERS, BRYAN
611 WEST BAY STREET
TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME
SAME
1601 Snow Ave.
TAMPA, FL 33606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Bryan Saunders

BRYAN SAUNDERS

1-8-2001

813-251-4089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0342123