

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000048398

1. Entity Name
FL TAMPA WEST, INC.



FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
04 MAY 11 PM 3:48

Principal Place of Business

1160 TERMINAL TOWER, 50 PUBLIC SQ
CLEVELAND, OH 44113 US

Mailing Address

1160 TERMINAL TOWER, 50 PUBLIC SQ
CLEVELAND, OH 44113 US

DO NOT WRITE IN THIS SPACE



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number
31-1546281

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

200037064862
05/25/04--01007--005 **150.00

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SAMUEL H MILLER
STREET ADDRESS 1160 TERMINAL TOWER
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE VPD
NAME ROBERT F MONCHEIN
STREET ADDRESS 1160 TERMINAL TOWER
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE VP
NAME FRANK STRINGER
STREET ADDRESS 1160 TERMINAL TOWER
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE S
NAME THOMAS G SMITH
STREET ADDRESS 1160 TERMINAL TOWER
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/04
Date

216-621-6060
Daytime Phone #

Thomas G. Smith, Secretary