

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055242

1. Entity Name
AZALEA LOUNGE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90271 047 ***150.00

Principal Place of Business

1502 N FLORIDA AVE
TAMPA FL 33602
US

Mailing Address

9243 BRINDLEWOOD DR
ODESSA FL 33556
US

645001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1502 N. Florida Ave
Suite, Apt. #, etc.

1502 N. Florida Ave
Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3453928

Applied For

Not Applicable

Zip

33602

Country

Hillsborough

Zip

33602

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINO, THOMAS
1602 N FLORIDA AVE
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Sam V. Lumia

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

1502 N. Florida Ave

City

Tampa, Fla

FL

Zip Code

33602

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 SAM V. LUMIA S.

Sam V. Lumia

4-4-01

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GUIDA, FRANK K	
STREET ADDRESS	9243 BRINDLEWOOD DR	
CITY-ST-ZIP	ODESSA FL 33556	
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	Robert E. Olson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2203 N. Lois Suite 1200	
STREET ADDRESS	Tampa, Fla. 33607	
CITY-ST-ZIP		
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sam V. Lumia	
STREET ADDRESS	1709 W. Louisiana	
CITY-ST-ZIP	Tampa, Fla. 33603	
TITLE	Christina A. Muto	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	924 Springville Ct.	
STREET ADDRESS	Tampa, Fla. 33613	
CITY-ST-ZIP		
TITLE	Jack M. Campo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2203 N. Lois	
STREET ADDRESS	Tampa, Fla. 33607	
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 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: Sam V. Lumia

SAM V. LUMIA

4-4-01

2280139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)