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

SIGNATURE:

## FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P97000076512 1. Entity, Name NORTHSTAR ENTERPRISES OF TAMPA BAY, INC. 01-29-2001 90137 032 \*\*\*150.00 Principal Place of Business Mailing Address 2808 PEMBERTON CREEK DR 2808 PEMBERTON CREEK DR SEFFNER FL 33594 SEFFNER FL 33594 800303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3472209 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name **BRODA, PAUL HARVEY** Street Address (P.O. Box Number is Not Acceptable) 2808 PEMBERTON CREEK DR SEFFNER FL 33594 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Addition ☐ Delete TITLE NAME BRODA, PAUL NAME STREET ADDRESS STREET ADDRESS 2808 PEMBERTON CREEK DR CITY-ST-ZIP CITY-ST-7IP SEFFNER FL 33594 TITLE ☐ Delete TITLE ☐ Addition NAME BRODA, BRETT NAME STREET ADDRESS 2808 PEMBERTON CREEK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33594 ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of roustee 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. address, with all other like empowered.