

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094791

1. Entity Name

HOT TUNAZ, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90378 018 ***158.75

Principal Place of Business

Mailing Address

2801 S MACDILL AVE
TAMPA FL 33629
US

2801 S MACDILL AVE
TAMPA FL 33629-7223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3477173

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

MILLS, FREDERICK J
1200 W PLATT ST, STE 100
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, 2000 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 PD
NAME SMITH, MARK ANTHONY
STREET ADDRESS 3103 W CHAPIN ST
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE PSTD
NAME Smith, Mark Anthony
STREET ADDRESS 3103 W. Chapin St
CITY-ST-ZIP Tampa, FL 33611 ☒ Change ☐ Addition

TITLE STD
NAME TYLER, DAVID A
STREET ADDRESS 214 S BRADFORD AVE
CITY-ST-ZIP TAMPA FL 33609 ☒ Delete

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

TITLE VD
NAME SCHLUETER, JAMES EDWARD
STREET ADDRESS 3315 S MANHATTAN AVE
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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:

Mark A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 813-875-9362

CR2E034 (9/99)