

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P97060105963

1. Entity Name
TAMPA STADIUM SUITE, INC.



Principal Place of Business

611 WEST BAY STREET
TAMPA, FL 33606

Mailing Address

611 WEST BAY STREET
TAMPA, FL 33606



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3490446

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHIMBERG, MANDELL
611 WEST BAY STREET
TAMPA, FL 33606

**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.

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000270018
03/19/05-80033-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHIMBERG, MANDELL
STREET ADDRESS	611 WEST BAY STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	SHIMBERG, JAMES H
STREET ADDRESS	611 WEST BAY STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	BUCKLEY, STEVE
STREET ADDRESS	11540 HIGHWAY 92 EAST
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	D
NAME	VALDEZ, MICHAEL
STREET ADDRESS	3307 W SAN NICHOLAS ST
CITY-ST-ZIP	TAMPA, FL 33629
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

3/1/05 813/254-7567

Date

Daytime Phone #

MANDELL SHIMBERG, Director