

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001086

1. Entity Name

RDI AT TAMPABAY, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90001 022 ***158.75

Principal Place of Business POST OFFICE BOX 340010 TAMPA FL 33694	Mailing Address POST OFFICE BOX 340010 TAMPA FL 33694-0010
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3492101** ☐ Applied For ☐ Not Applied

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

6. Name and Address of Current Registered Agent GOODWIN, DALE B 11728 N. 58TH STREET TAMPA FL 33617	7. Name and Address of New Registered Agent Name Singer, Steven Street Address (P.O. Box Number is Not Acceptable) 16105 DAWNVIEW Drive City Tampa FL Zip Code 33624
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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 Steven Singer **Steven Singer President** **1/27/2000**
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 NAME STREET ADDRESS CITY-ST-ZIP	V SINGER, STEVEN 16105 DAWN VIEW DRIVE TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, PAMELA 16105 DAWNVIEW DRIVE TAMPA FL 33624 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Pamela Simmons **Pamela Simmons** **1/27/2000** **813-261-7**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #