## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P98000001954 DOCUMENT #

1. Entity Name

TAMPA RICYCYLING TEAM INC.



## **FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90082 008 \*\*\*150.00

		SICTOTERIA TEAM, INC.		[\					
Suite, Apt. 8, etc.   Suite, Apr. 8, etc.   CHECK HITEE # MAKING CHANGES    City & State   Country   Zip   Country   Sp. 3496609   Napplicable    Zip   Country   Zip   Country   Sp. 3496609   Napplicable    Replacible   Sp. 3496609   Napplicable    Zip   Country   Zip   Country   Sp. 3496609   Napplicable    Replacible   Sp. 3496609   Napplicable    Zip   Country   Zip   Country   Sp. 3496609   Napplicable    Replacible   Sp. 3496609   Napplicable    Zip   Country   Zip   Country   Sp. 3496609   Napplicable    RAST, ELLEN   Name and Address of New Registered Agent    Xis   Children   Street Address (PO Box Number is Not Acceptable)    Street Address (PO Box Number is Not Acceptable)    FL   Zip Code    City   FL   Zip Code    City   FL   Zip Code    City   FL   Zip Code    City   FL   Zip Code    Full Provided Agent against registered agent, or both, in the State of Florada. I am familiar with, and accept    Publicable of registered agent   Signature registered agent, or both, in the State of Florada. I am familiar with, and accept    Publicable of registered agent   Signature registered agent, or both, in the State of Florada. I am familiar with, and accept    FLE NOWITH FEE IS \$150.00    Make Check Payable to Florida Department of State    SHOW, WILLIAM B   SHOW, WILLIAM B    SHOW, WILLIAM B   SHOW AND ARCH AGENT    SHOW AGENT    SHOW AND ARCH AGENT    SHOW	3917 EDEN F	ROC CIR E.	P O BOX 26876						
Suite, Apt. 8, etc.   Suite, Apr. 8, etc.   CHECK HITEE # MAKING CHANGES    City & State   Country   Zip   Country   Sp. 3496609   Napplicable    Zip   Country   Zip   Country   Sp. 3496609   Napplicable    Replacible   Sp. 3496609   Napplicable    Zip   Country   Zip   Country   Sp. 3496609   Napplicable    Replacible   Sp. 3496609   Napplicable    Zip   Country   Zip   Country   Sp. 3496609   Napplicable    Replacible   Sp. 3496609   Napplicable    Zip   Country   Zip   Country   Sp. 3496609   Napplicable    RAST, ELLEN   Name and Address of New Registered Agent    Xis   Children   Street Address (PO Box Number is Not Acceptable)    Street Address (PO Box Number is Not Acceptable)    FL   Zip Code    City   FL   Zip Code    City   FL   Zip Code    City   FL   Zip Code    City   FL   Zip Code    Full Provided Agent against registered agent, or both, in the State of Florada. I am familiar with, and accept    Publicable of registered agent   Signature registered agent, or both, in the State of Florada. I am familiar with, and accept    Publicable of registered agent   Signature registered agent, or both, in the State of Florada. I am familiar with, and accept    FLE NOWITH FEE IS \$150.00    Make Check Payable to Florida Department of State    SHOW, WILLIAM B   SHOW, WILLIAM B    SHOW, WILLIAM B   SHOW AND ARCH AGENT    SHOW AGENT    SHOW AND ARCH AGENT    SHOW									
City & State    City & State   City & City & State	2. Principal I	Place of Business	3. Mailing Address			-			1 1884 180 188
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Country   Zo	City & Sta	te	City & State			4. FEI Number 50-3406600		A	pplied For
See Required   See	Zip Country		Zip Country			<b>s</b>			
KAST, ELLEN 3917 EDEN ROC CIRCLE EAST TAMPA FL 33634  City FL Zip Code  6. The above named entiry 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 obligation is of registered agent.  SIGNATURE  Signature, inpart or rowed name of registered agent and the fragetable. (NOTE Inglature Agent agent an accept the obligation is of registered agent.)  FILE NOW!!! FEE IS \$150.00 After.May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NOW.  STREET ADDRESS  OTY-51-2P  THE NAME STREET A		S. Nama and Address of Comment	Davidson d Asset	<u> </u>			□ Fe	ee Require	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Re	gistered Ag	ent	
City FL Zip Code  1. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After-May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  SHOCK, WILLIAM B  SHEET ADDRESS  DITY-ST-2P  TITLE  NAME  SIFET ADDRESS  CITY-ST-2P  CITY-ST-2P  TITLE  NAME  SIFET ADDRESS  CITY-ST-2P				Street Address		(P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Significant Special Company   Special Comp	TAMPA F	L 33634							
the obligators of registered agent.  Signature    File Now!!! FEE IS \$150.00		, who considered the con-	ر وهان مستد يا د	}	•	These to the state of the state		. '	
Signature, present or presented rappert and title if applicable.   NOTE: Registered Agent autonative in applicable.   Note: Addition of After: AMAIN 1, 2003 Fee will be \$550.00	8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	ts registered	office or registere	ed agent, or both, in the State of Flor	ida. I am fan	niliar with,	and accept
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		certify that the information supplied with	this filing does not qualify fo			ation 119 07/3\/i\ Elorida Statuta - 15	urthon and the	that the '	oformatia-

Infection of the composition of 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 attackment with an address, with all other like empowered.

SIGNATURE:

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