

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011086
1. Entity Name
 Tampa Financial Company, Inc.

FILED

02 APR 24 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1358 Thomaswood Drive Suite, Apt. #, etc. | 3. Mailing Address 1358 Thomaswood Drive Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|------------------------------------|--|
| City & State Tallahassee, FL | City & State Tallahassee, FL | 4. FEI Number 59-3490255 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32308 | Country USA | Zip 32308 | Country USA |

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Charles L. Cooper, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
1358 Thomaswood Drive

City
Tallahassee **FL** Zip Code
32308

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

| 11. OFFICERS AND DIRECTORS | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Director Scott Schmidt 1358 Thomaswood Drive Tallahassee, FL 32308 | TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 1.2em;"> 200005388922--4 -04/30/02--01012--012 ****150.00 ****150.00 </div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Scott Schmidt 1358 Thomaswood Drive Tallahassee, FL 32308 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary/Treasurer Scott Schmidt 1358 Thomaswood drive Tallahassee, FL 32308 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Schmidt, President 4/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)