

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013626

1. Entity Name

SAPHIRE OF TAMPA BAY, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90098 026 \*\*\*150.00

Principal Place of Business

Mailing Address

5011 H WEST HILLSBOROUGH AVE  
TAMPA FL 33634

5011 H WEST HILLSBOROUGH AVE  
TAMPA FL 33634-5309

011010

2. Principal Place of Business

3. Mailing Address

2055-A N. Dale Mabry Hwy. 2055-A N. Dale Mabry Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Tampa, FL

Tampa, FL

4. FEI Number

59-3524506

Applied For  
Not Applicable

Zip

Country

Zip

Country

33607 Hillsborough

33607 Hillsborough

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

LIETZ, CHRISTOPHER  
5011 H WEST HILLSBOROUGH AVE  
TAMPA FL 33634

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

*Christopher Lietz*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00

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 ☐ Delete  
NAME D  
STREET ADDRESS LIETZ, CHRIS  
CITY-ST-ZIP 5011 H WEST HILLSBOROUGH AVE  
TAMPA FL 33634

TITLE ☒ Change ☐ Addition  
NAME Christopher Lietz  
STREET ADDRESS 2055-A N. Dale Mabry Hwy.  
CITY-ST-ZIP Tampa, FL 33607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christopher Lietz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00