2000 UNIFORM BUSINESS REPORT (UBR)

P31	42
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DOCUMENT # P98000057566 1. Equity Name FILED NEW TAMPA ENTERPRISES, INC. 00 AUG 10 PM 2: 31 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEÉ, FLORIDA 1504 EAST BEARSS AVE. 1504 EAST BEARSS AVE. **LUTZ FL 33549** LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address 13000 ROCKLAND ROAD 13000 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3524661 1)12016 Not Applicable AKE Bluff LAKE Bluff Alinois Country 1 Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 60044 USA 60044 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Serviu ORDORATION (company TOOLE; DANA:G Street Address (P.O. Box Number is Not Acceptable) 38047 PASCO AVE. DADE CITY FL 33525 Street Zip Code 32301 ANASSCC 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, typa (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Character and Chick Executive Office | Change DP ☐ Addition TITLE TITLE √Z Delete MATTHEW M. NAGEL 13000 RULLIAND ROAD FERREIRA, RANDY F NAME NAME 1504 EAST BEARSS AVE. STREET ADDRESS STREET ADDRESS Leve Blaff, Illinois CITY-ST-ZiP **LUTZ FL 33549** CITY-ST-ZIP 60044 Uniet Operating Officer Change ☐ Addition Delete TITLE TITLE K, BLASE NAGEL RAIRIGH, RAYMOND NAME NAME 13000 ROCKIAND Road STREET ADDRESS 1504 EAST BEARSS AVE. STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP Lola Bluff, Illinois 60044 껎 Delete TITLE ☐ Change TITLE MARTIN J. GMINGTER ROSEN, RONALD NAME NAME 13000 Rockling Roma 1504 EAST BEARSS AVE. STREET ADDRESS STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZIP Lote Bluf F. Illowers CITY-ST-ZIP TITLE ☐ Change T/T/ F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 200003352672 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

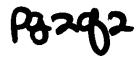
CITY-ST-7IP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete





ACCOUNT NO. : 072100000032

REFERENCE: 790699 4304312

AUTHORIZATION :

COST LIMIT : \$ 550.00

ORDER DATE: August 8, 2000

ORDER TIME : 12:12 PM

ORDER NO. : 790699

CUSTOMER NO: 4304312

CUSTOMER: Stacy A. Manglaras, Paralegal

Jenner & Block Suite 3700 One Ibm Plaza

Chicago, IL 60611

CHANGE OF AGENT

NAME: NEW TAMPA ENTERPRISES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

DINISION OF CORPORATIONS
DEPARTMENT OF STATE
OF AUG FOR S