

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90016 040 ***158.75

DOCUMENT # P98000075357

1. Entity Name
UNISOURCE TAMPA, INC.

Principal Place of Business
**4420 INDEPENDENCE COURT
 SARASOTA FL 34234**

Mailing Address
**4420 INDEPENDENCE COURT
 SARASOTA FL 34234**

2. Principal Place of Business
2034 Harvard Street

3. Mailing Address
2034 Harvard Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34237 USA

Zip Country
34237 USA

4. FEI Number
65-0863809

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KOFLER, CHRISTIAN C
 4420 INDEPENDENCE COURT
 SARASOTA FL 34234**

7. Name and Address of New Registered Agent

Name
Kofler, Christian C.
 Street Address (P.O. Box Number is Not Acceptable)
2034 Harvard Street
 City
Sarasota, FL Zip Code
34237

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 **Christian C. Kofler** **4/29/02**
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFLER, CHRISTIAN C 910 SIESTA KEY PLACE SARASOTA FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFLER, CAROLYN A 910 SIESTA KEY PLACE SARASOTA FL 34242	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2034 Harvard Street Sarasota, FL 34237	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: **Carolyn A. Kofler** **4/29/2002** **(941)955-6633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRETARY OF STATE

CR2E034 (9/01)