

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076543

1. Entity Name

CONTINENTAL HOLDINGS OF TAMPA, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90141 018 ***158.75

Principal Place of Business

Mailing Address

10906 N 56TH ST
TEMPLE TERRACE FL 33617

5124 W. SAN JOSE ST.
TAMPA FL 33629-6415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

28 FLORAL AVE

KEY HAVEN

KEY WEST, FL

33040

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3538610

Applied For

Not Applicable

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

FARR, JAMES G
5124 W. SAN JOSE ST.
TAMPA FL 33629

Name

DENNIS M. HARKER

Street Address (P.O. Box Number is Not Acceptable)

28 FLORAL AVE

KEY HAVEN

City

KEY WEST

FL

Zip Code

33040

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

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, 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 D
NAME HARKER, DENNIS M
STREET ADDRESS 5124 W. SAN JOSE ST.
CITY-ST-ZIP TAMPA FL 33629 ☒ Delete

TITLE D
NAME HARKER, DENNIS M,
STREET ADDRESS 28 FLORAL AVE
CITY-ST-ZIP KEY WEST, FL 33040 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000

Date

813-918-9110

Daytime Phone #