

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103193

1. Entity Name

NATIONAL HOMECRAFT OF TAMPA, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90264 009 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 830157
OCALA FL 34483-0157

P.O. BOX 830157
OCALA FL 34483-0157

2. Principal Place of Business

3. Mailing Address

3212 40th St. N

3212 40th St N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 101

Suite 101

City & State

City & State

Tampa, FL

Tampa, FL

Zip 33605

Country U.S.

Zip 33605

Country U.S.

4. FEI Number

59-3546359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKINNEY, GERALD W
3212 NORTH 40 ST., STE. 101
TAMPA FL 33605-2310

Name Frank H. McKinney

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

3212 40th St N, Ste 101

City Tampa

FL

Zip Code 33605

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

1/17/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, GERALD W 2631 NE 49 CT. OCALA FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWPORT, V. RENEE 4607 SE 15 ST OCALA FL 34471	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frank H. McKinney 700 SE 51st Avenue Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank H. McKinney 1/17/00 813-621-7489

Date

Daytime Phone #