2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000107134

1. Entity Name

FLORIDA TPA, INC.

Principal Place of Business 732 PLATO AVE.

ORLANDO FL 32809

Mailing Address

732 PLATO AVE. ORLANDO FL 32809

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.

FILED Sep 11, 2000 8:00 am Secretary of State

09-11-2000 90008 046 ***550.00

COFCATAQ



DO NOT WRITE IN THIS SPACE

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City & Stat	ando, FL	Or LANDO, FL			59-3546878		plied For t Applicable
3281.	Country_	328/2	Country USA	5. (Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current R		7. Name and Address of New Registered Agent				
732	ON, WILFREDO PLATO AVE. ANDO FL 32809	Name COLON, WILFredo Street Address (P.O. Box Number is Not Acceptable) 3831 Br Andy St City Orlando FL Zip Code 32812					
SIGNATURE .	named entity submits this statement for Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	: Registered Agent signat	ure required when re		DATE	
			•	00 Min, will be \$750.00 Trust Fund Contribution.		sing \$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	PTD COLON, LINDA 732 PLATO AVE ORLANDO FL 32809	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Linda Brandy St. udo, FL 32812	⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD COLON, WILFREDO 732 PLATO AVE ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLON	, WilFredo Brandy St Ido, FL 32812	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ره من کرین در 	☐ 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.

TITLE

TITLE

TITLE

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Delete

☐ Delete

Delete

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