

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 042 ***150.00

DOCUMENT # P99000002536

1. Entity Name

XTC SUPERCENTER OF VENICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1622 SOUTH TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

25 SECOND STREET NORTH

Suite, Apt. #, etc.

STE. 210

DO NOT WRITE IN THIS SPACE

City & State

VENICE, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3554777

Applied For

Not Applicable

Zip

34293

Country

Zip

33701

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GIBBS, B. GRAY

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

100 2ND. AVE., SOUTH, STE. 704

City

ST. PETERSBURG

FL

Zip Code

33701

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1; Fee is \$550.00
Amended UBR is \$61.25
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	PD TYLER, DEAN 310 COFFEE POT RIVIERA NE ST. PETERSBURG, FL 33704	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dean Tyler

DEAN TYLER

4/22/02

727-571-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)