

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
 03-13-2002 90051 034 ***150.00

MAR 13 2002

DOCUMENT # **P99000009427**
 1. Entity Name,
NEW TAMPA CIRCLES, INC.

 Principal Place of Business
19651 BRUCE B DOWNS BLVD
STE B2
TAMPA FL 33647

 Mailing Address
SUITE B-2
19651 BRUCE B DOWNS BLVD
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3554163**

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

GROTHER, DEBORAH
7035 US HWY 301 S
RIVERVIEW FL 33569

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Delete
D
 NAME **SINUDOM, THANES**
 STREET ADDRESS **27046 SEABREEZE WAY**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

 TITLE ☐ Delete
D
 NAME **KARNOUTSOS-SINUDOM, DONNA J**
 STREET ADDRESS **27046 SEABREEZE WAY**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

 TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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

Date

Daytime Phone #

 Donna J. Karnoutsos-Sinudom
 3/1/02 (813) 973-7703

CR2E034 (9/01)