

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90921 032 ***150.00

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

19651 Bruce B. Downs Blvd

3. Mailing Address

19651 Bruce B. Downs

Suite, Apt. #, etc.

Ste B2

Suite, Apt. #, etc.

Ste B-2

City & State

Tampa FL

City & State

Tampa FL

Zip

33647

Country

USA

Zip

33647

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

**GROTH, DEBORAH
7035 US HWY 301 S
RIVERVIEW FL 33569**

delete

7. Name and Address of New Registered Agent

Name **Thanes Sinudom**

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

19051 Bruce B Downs B-2

City **TAMPA**

FL

Zip Code **33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **THANES SINUDOM (PRESIDENT)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SINUDOM, THANES	
STREET ADDRESS	27046 SEABREEZE WAY	
CITY - ST - ZIP	WESLEY CHAPEL FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARNOUTSOS-SINUDOM, DONNA J	
STREET ADDRESS	27046 SEABREEZE WAY	
CITY - ST - ZIP	WESLEY CHAPEL FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

3/27/03 (813) 9737703

CR2E034 (10/02)