

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90211 008 ***150.00

DOCUMENT # P99000023000

1. Entity Name

C.O.R.E. PROPERTIES OF TAMPA BAY, INC.

Principal Place of Business

**5623 US HIGHWAY 19
 SUITE 315
 NEW PORT RICHEY FL 34652**

Mailing Address

**5623 US HIGHWAY 19
 SUITE 315
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

1730 S. PINELLAS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE D

City & State

City & State

TARPON SPRINGS FL

Zip

Country

Zip

Country

34689

USA

4. FEI Number

59-3562377

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

ADAMS, THOMAS J

5623 US HIGHWAY 19

SUITE 315

NEW PORT RICHEY FL 34652

Name

Street Address (P.O. Box Number is not acceptable)

1730 S. PINELLAS AVE SUITE D

TARPON SPRINGS

FL

Zip Code

34689

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-02

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
 NAME **P**
 STREET ADDRESS **ADAMS, THOMAS J**
 CITY-ST-ZIP **7104 HUMMINGBIRD LANE
 NEW PORT RICHEY FL 34655**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02 227 937-0977

CR2E034 (9/01)