

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028402

1. Entity Name

MANAGEMENT RESOURCES OF TAMPA BAY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90077 005 ***150.00

Principal Place of Business

Mailing Address

2910 BAY TO BAY
TAMPA FL 33629

2910 BAY TO BAY
TAMPA FL 33629-8113

C0059296



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4711 S. Himes Avenue

Suite, Apt. #, etc.

108

City & State

Tampa, FL

Zip

33611

Country

US

3. Mailing Address

4711 S. Himes Ave

Suite, Apt. #, etc.

108

City & State

Tampa, FL

Zip

33611

Country

US

4. FEI Number

59-3573174

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRASKE, STEPHEN B II
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Stephen Straske B II

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

101 E. Kennedy Blvd.

Suite 3700

City

Tampa

FL

Zip Code

33602

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

(NOTE: Registered Agent Remains the same)

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, 2000 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

TITLE	President	<input type="checkbox"/> Delete
NAME	Lori Kloketic	
STREET ADDRESS	4711 S. Himes Ave #108	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		

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: *Lori Kloketic*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2000 813-235-2522
Date Daytime Phone #

CR25034 (9/99)