

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90083 028 \*\*\*150.00

**DOCUMENT # P99000028402**

1. Entity Name

**MANAGEMENT RESOURCES OF TAMPA BAY, INC.**

Principal Place of Business

4711 S HIMMES AVE  
 #108  
 TAMPA FL 33611  
 US

Mailing Address

4711 S HIMMES AVE  
 #108  
 TAMPA FL 33611  
 US

**00033073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3314 Henderson Blvd.**  
 Suite, Apt. #, etc.  
**100C**

3. Mailing Address

**607 Glen Ave SE**  
 Suite, Apt. #, etc.  
**E**

City & State

**Tampa, FL**

City & State

**Tampa, FL**

4. FEI Number

**59-3573174**

Applied For

Not Applicable

Zip

**33609**

Country

**Hillsborough**

Zip

**33609**

Country

**Hillsborough**

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

**LORI KOLETEK**

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

**607 GLEN AVE SE UNIT E**

City

**Tampa**

FL

Zip Code

**33609**

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

**Lori Koletic President**

**4/2/01**

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. ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 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	P	<input type="checkbox"/> Delete
NAME	<b>KOLETOE, LORI</b>	
STREET ADDRESS	<b>4711 S HIMES AVE #108</b>	
CITY-ST-ZIP	<b>TAMPA FL 33611</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORI KOLETEK</b>	
STREET ADDRESS	<b>607 GLEN AVE SE UNIT E</b>	
CITY-ST-ZIP	<b>Tampa, FL 33609</b>	
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		
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		

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 Koletic**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/01**

DATE

**93-235-2522**

DAYTIME PHONE #

0519451

CR2E034 (10/00)