

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030627

1. Entity Name

HOUSE OF MONSTERS, INC.

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

04-13-2000 90057 015 ***150.00

Principal Place of Business

Mailing Address

~~10204 ALTAVISTA AVE #107~~
~~TAMPA FL 33647~~

P.O. BOX 46281
TAMPA FL 33647-0103

2. Principal Place of Business

18209 Brookpark Drive

3. Mailing Address

P.O. Box 46281

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33647

Country

USA

Zip

33647

Country

USA

4. FEI Number

593575294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Peter Proscia

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

18209 Brookpark Drive

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.

SIGNATURE

Peter Proscia 1/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **PROSCIA, PETER**
STREET ADDRESS **10204 ALTAVISTA AVE #107**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☒ Change ☐ Addition
NAME **Proscia, Peter**
STREET ADDRESS **18209 Brookpark Drive**
CITY-ST-ZIP **Tampa, FL, 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Peter Proscia (Peter Proscia)

Date

Daytime Phone #

(813)

994-9612

CR2E034 (9/99)