

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031983

1. Entity Name
TAMPA BAY AREA MANAGEMENT CORP.



FILED

03 SEP 22 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1711 HAMPTON LANE
PALM HARBOR FL 34683

Mailing Address
1711 HAMPTON LANE
PALM HARBOR FL 34683



2. Principal Place of Business
10 Papaya Street
Suite, Apt. # etc.
#903
City & State
Clearwater, FL
Zip
33767
Country
USA

3. Mailing Address
10 Papaya Street
Suite, Apt. # etc.
#903
City & State
Clearwater, FL
Zip
33767
Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3568014

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAREDES, ANTONIO
1711 HAMPTON LANE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name: Paredes, Antonio
Street Address (P.O. Box Number is Not Acceptable)

10 Papaya Street #903
City Clearwater, FL Zip Code 33767

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 *Antonio Paredes* Antonio Paredes
(Signature typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

9/9/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 P
NAME PAREDES, ANTONIO
STREET ADDRESS 1711 HAMPTON LANE
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100023358304
09/26/03--01018--020 **550.00

TITLE
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CITY-ST-ZIP

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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 supplement to 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: *Antonio Paredes* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03 727 560-9876
Date Daytime Phone #

CR2E034 (4/03)