

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038289

1. Entity Name
G. S. PROPERTIES OF TAMPA, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90075 001 ***550.00

Principal Place of Business

300 N. FRANKLIN STREET
TAMPA FL 33602

Mailing Address

300 N. FRANKLIN STREET
TAMPA FL 33602

BU105550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

815 S. Howard Ave

Suite, Apt. #, etc.

3. Mailing Address

815 S. Howard Ave.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3589749

Applied For

Not Applicable

Zip

33606

Country

Zip

33606

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIGGINTON, J. RONALD
300 N. FRANKLIN STREET
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Ernest Smith

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

815 S. Howard Ave.

City

Tampa

FL

Zip Code

33606

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, 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DP
NAME GOLD, JOHN J JR.
STREET ADDRESS 1801 JETTON AVE.
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE DST
NAME SMITH, ERNEST L
STREET ADDRESS 815 S. HOWARD AVE.
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 power like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)